301 W. PRESTON STREET, BALTIMORE 13MARYLAND L PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed fived, Il Institution: Residence before admission) y is necessary, I director. Page or your files. a. COUNTY Montgomery . STATE Maryland b. COUNTY Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) your write RURAL and give nearest town) Brinklow Brinklow d. NEW COLOR DESCRIPTION (if not in hospite), give street address! d. STREET ADDRESS e. IS RESIDENCE ON A FARM? he State Brooke Road Brooke Road YES NO TO 1, 2, and 3 to the tage 5 may be retained and 2 with the 5th within 72 bours at 3. NAME OF First Middle 4. DATE Month Year DECEASED OF Corrinne 19 66 Isabel Addison (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 53 birthdey) Months June 3, 1912 thin 24 histors after d Give Pages 1, 2, and orm PM3. Page 5 me Female Colored WIDOWED [DIYORCED 10a. USUAL OCCUPATION (Give kind of work IDB. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired? Brinklow, Maryland USA Housewife pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME any Louis Powell File Redmond, Edna (Eddie) Jerushia "in pencil in Item 18. C Office along with form burial-transit permit. Fi 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT .5 (Yes, no, or unkown) : (Ifyesgivewerordelesofservice) and EXAMINER: This certificate should be executed at exting the word "pending" in pencil in Item to the Chief Medical Examiner's Office along with R: Page 3 should be used as a burial-transit perragent, prior to burial, cremation, or removal, and Detective Col. James H. Glazier 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Charring burns, 100% of body, incurred in IMMEDIATE CAUSE (a) DUF TO house trailer fire. Conditions, if eny, which gave rise to immediate couse DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION REREORMED? NO 200. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert | or Pert |I of item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. trailer fire. incinerated in house ICAL certificate, w. d to the Chief 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED. 2De. PLACE OF INJURY (Home, form, 2Df. (City or lown) (County) (Steta) fectory, street, office bldg., etc.) Not While While House trailer Md -Brinklow Montg. forwarded to the at work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry 1 and in my opinion death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DEPUTY lease exec I should be for PUNERAL I ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE NAME (Typa) please 4 should 10 FUN or county) OH REGISTRAR'S SIGNATURE VR A15ME

TUAL

man and the state 2471 5 196 All wil about well parties To be to the later to be the but The state of the second BELDER X NEAPOND TOWN IN ELL TIME. Except to the state of the stat

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0243	J .	Item #23	CERUIF	ICATE	OF DEATH				UA	330
1. PLACE OF DEATH a. COUNTY	Montgomery		MARY	LAND	2. USUAL RESIDENCE (V o. STATE Vir	ginia	b. COU	NTY		1
write RURAL on Bet	(If autside carparate limit d give nearest tawn) hesda (Rura	1)	41 days	N 1b	c. CITY OR TOWN (If ou	tside carparate lir	nits, write RU	RAL and giv	re neares	it town)
	aval Hospit		ve street address)		d. STREET ADDRESS 1900 Colum	mbia Pik	e Apt.	416		e, IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Irma	irst	Middle Louise	I	Lost ALBRECHT	4. DATE OF DEATH	Febru	ary	Doy 14	19 66
s. sex Female	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		B. DATE OF BIRTH Aug. 2 1909	9. AG 56	E (In years st birthday) yrs.	IF UNDER Months	Days	Hours Min.
10a. USUAL OCCUPATION during most of working Housew	N (Give kind of work dane life, even if retired) ife-Teacher	10b. KIN	D OF BUSINESS OR USTRY		11. BIRTHPLACE (County	& State, or foreign	country)		ITIZEN OF DUNTRY?	
G. H. Be	ck				14. MOTHER'S MAIDEN N	Duesing				
	FR IN U.S. ARMED FORCES? (If yes give war ar dates		OCIAL SECURITY NO. 37-42-4534		pt. Herbert					ington,Va mbia Pike
Conditions, if any rise to immedia: stating the under last.	te cause (a), publishing couse	(b)	D DEATH BUT NOT RELA	ATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN	PART I(a)			WAS AUTOPSY PERFORMED? ES \(\sqrt{NO} \)
C (IE EITHER NOTIEY	S UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER	205. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature of injury in	Part I or Part II o	f item 1B.)		- 1	E3 K 110 []
Haur a.	URY Month, Day, Year m. m. 19	20d. IN. While at wark	Not While at wark		CE OF INJURY (Hame, farm ary, street, affice bldg., etc.)		ly or tawn)	,	ounty)	(State)
21. I certi	ify that (H) (this har leceased alive an F	spital) attend 'eb. 14	ed the deceased 19 <u>66</u> , a		t death occurred at	9_00 , ta_ 155P M, fr	reb. 1	4 , 19 and an	66, th	hat*(I) (we) las le stated abave
22a. SIGNATURE				ph.	111101	MED. DIRECTOR	STAFF PHYS.		DATE SIGN	1966
22c. PHYSICIAN'S NAME (Type	P. B. I	Lanchar		7	U. S. Nav	al Hosp	ital,	Bethe	sda,	Md.
BURIAL, CREMATI	Feb. 1	8, 1966	23c NAME OF CEME Arlington		ional Cemete	mar Ar	ON (City or To lingto	n,	(County	Va.
	Prives Funer son Blvd. A			ia	DATE B	BY REGISTRAR		EGISTRAR'S		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please lember carban papers. Pages I and should be filed with the State Dept. at Health priar to burial, cremation, or remaval, and in any event, within 72 hours after degr Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

HHESU 02739 . . a ML = - U. L.

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and PLACE OF DEATH a. CDUNTY d completely filled in by the 1 love carbon papers. Pages 1 y event, within 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b KVI d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS duath curtificate be executed within NAME OF Middle DECEASED (Type or print) SEX 6. COLOR DATE OF BIRTH 7. MARRIED NEVER MARRIED July 31, 2 WIDOWED DIVORCED X 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR Gyring most of working life, even if retired)

Sm 418 Business Administ INDUSTRY Indiana attending physic ermit. Then plea 13. FATHER'S NAME remova the attenuit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 0 (Yes, no, or unkown) | (If yes give war or dates of service) s been signed by the attacks the burial-transit permits to burial, cremation, o 056-03-4170 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PHYSICIAN: The law requires that the the hospital or attending physician. PART I. DEATH WAS CAUSED BY: wellen me IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the After this certificate has be to be detached for use as the State Dept. of Health prior underlying cause last. 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 ICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. While Not While be retained by p.m. 19 at work at work FUNERAL DIRECTOR: A director, page 3 should should be filed with the the 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. 22a. SIGNATURE ATTENDING TO Host may the Page 4 may the M.D. PHYSICIAN'S 22c. ADDRES director, p should be BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF REMOVAL (Specify) 2 Rockville

USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IS RESIDENCE DN A FARM? NOX DATE Month Day Yes 1966 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years Flast birthday) Months Hours Day 57 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? MOTHER'S MAIDEN NAME Address Hospital Records INTERVAL BETWEEN ONSET AND DEATH WAS AUTDPSY PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO NO YES DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) and that death occurred at 1225AM, from the causes and on the date stated above. DATE SIGNED DIRECTOR 23d. LOCATION (City, town or county) (State) Rockville, Marvland 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Tyson Wheeler Funeral Home 1331 Rockville

VR A15 (4) 15M 4-64

38 8 18639 -1441-123 legge technolytics, SE SHAWAYAY Rockside Potomer Willy House House Alten Trebang 12 at . notivet Hale white Marian A 2 31 Em el Genera Denish Edwar Grana plated formune becausing of the paging, without 15 Files - Letter-34 By gardel SE Flores. so w Edwards Dr Rockelle to Dina E Flores

€.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1		02436	CERTIFICATE	OF DEATH	(2393
1		PLACE OF DEATH O. COUNTY Month 4 and 4	aryland Maryland	2. USUAL RESIDENCE (W o. STATE	There deceased lived, if institution: Resider b. COUNTY	nce before admission)
	i	b. CITY OR TOWN (If outside control limits, write RIBAL and give traves town)	C. LENGTH OF STAY IN 16	1	spide corporate limits, write RURAL and giv	re neorest town)
0	- (d. NAME OF HOSPITAL OR INSTITUTION (If not in I	hospital, give street add ess)	d. STREET ADDRESS	Adams stron	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) Edni	Middle Middle	Anders.	4. DATE OF Month DEATH	Doy Year 1.3 1966.
	5. 5		MARRIED NEVER MARRIED E	9/29/9	9. AGE (In years less birthdoy) 7 3 yrs. Months	YEAR IF UNDER 24 HRS. Hours Min.
,	10o. duri	USUAL OCCUPATION (Give kind of work done ing mast of warking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County 8	1 - 7/77 (0	TIZEN OF WHAT DUNTRY?
	13.	FATHER'S NAME	rfag Thema	14. MOTHER'S MAIDEN N	18/ aden.	
	IS. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no or unknown) (If yes give wor or dates of serv	16. SOCIAL SECURITY NO. 17. Unknown	NFORMANT J	destates Address J	a hove.
		IB. CAUSE OF DEATH (Enter only one couse pe PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r line for (o), (b), and (c).)			ONSET AND DEATH
		Conditions, if any, which gove (b) (b) rise to immediate cause (a).	Chronio glemerule	mephritis	***	Years
		stating the underlying cause Lost.	PRINTING TO DEATH DIST MOST DELAYED TO J	AIR TERMINAL DIFFACE CONT	DITION COVER IN DURY 1/->	19. WAS AUTOPSY
2	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI Corner by arteriose 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		esis right	coreserv ertery	PERFORMED? YES NO
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19		E OF INJURY (Home, form, ary, street, office bldg., etc.)	20f. (City or town) (Co	unty) (Stote)
		21. I certify that (1) (this haspital saw the deceased alive an) attended the deceased from_	Z - / Z , 19 death accurred at	966, ta 2-/3, 192 850M, from causes and an t	he date stated abave.
1		220. SIGNATURE	UN Hallmi). PHYS.	MED. STAFF 22b. D	ATE SIGNED 2-13-66
1		22c. PHYSICIAN'S NAME (Type) W.G. Hall	L, M:D.	615 W.	Montgomery Ave.	, Rockville
	230 B	BURIAL, CREMATION, 23b, DATE THEREOF 2/16/66	23c. NAME OF CEMETERY OR C		23d. LOCATION (City or Town) Rockville, Md	(County) (State)
	24	buneral Director Pumphrey	Bethesda, Md.		BY REGISTRAR 25b. REGISTRAR'S S	SIGNATURE Sudge

O HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove corbon papers. Pages 1 agashauld be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in ony events in 72 hours after yeart Page 4 may be retained by the hospital ar attending physician.

geath

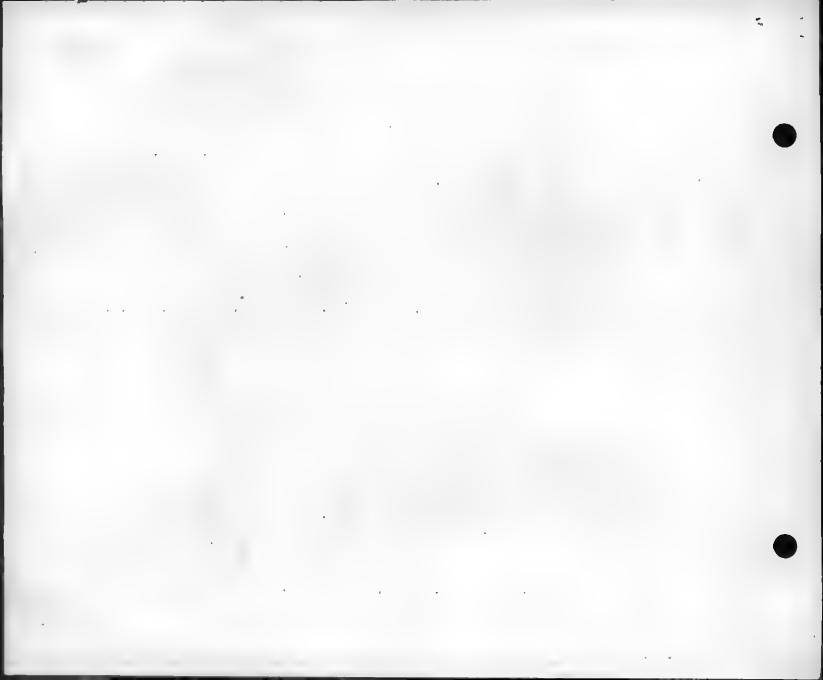
VR A15 (4) 20 M 1/66

the stall . A few control of the control of th MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		02437	CERTIFICATE	OF DEATH		02394		
		PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (V o. STATE Distr:	Vhere deceased lived, it institution Res ict of Column944	idence befare admissión)		
	Ċ	o (ITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Bethesda. (Rural)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If ou Washir	tside corporate limits, write RURAL and ngton	give nearest town)		
d. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) U. S. Naval Hospital				d STREET ADDRESS 5330 Belt	Road, N. W.	ON A FARM? YES NO X		
	1	NAME OF First DECEASED (Type or print) Ada	Middle Lenore	Lost Angel	4. DATE Month OF February	Day Year 17 19 66		
	F	omole Couc	ARRIED NEVER MARRIED 8	April 8, 18		DER I YEAR IF UNDER 24 HRS Days Haurs Min		
	1Da dur	USUAL OCCUPATION (Give kind at work daneing mast at working life, even if retired) Housewite	106 KIND OF BUSINESS OR INDUSTRY	1	& State, ar tareign country) 12 Le, Illinois	COUNTRY? U.S.A.		
	13.	FATHER'S NAME Lemuel Sells		14. MOTHER'S MAIDEN N Mary Ar	nn Moore			
	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s.n.a. ar unknawn) (If yes give war ar dates of servi	16 SOCIAL SECURITY NO. 17. III	rs. Dorothy	A. Drexler, Ave.	40 Connecticut N.W. Washingto		
		18. CAUSE OF DEATH (Enter only one cause per PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO	line for (a), (b), and (c). Acute myocardia	l Infarctio	n	INTERVAL BETWEEN ONSET AND DEATH		
The State of the S	NOI	stating the underlying cause (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?		
s., _	CERTIFICATION	200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205 DESCRIBE HOW INJURY OCCURRED. (Enter nature at injury in l	Part I ar Part II of item 18}	YES 🔼 NO		
	MEDICAL	2Dc. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19	While Not While I factor	E OF INJURY (Hame, farm ary, street, affice bldg., etc.)	, 20f. (City ar tawn)	(County) (State)		
		21. I certify that (this) haspital saw the deceased alive on Feb	attended the deceased fram 18	death accurred at		n the date stated above.		
		220. SIGNATURE ATTENDING MED. STAFF PHYS. 22b. DATE SIGNED Feb. 17, 1966						
		NAME (Type) John B. Emer			val Hospital, Bet	hesda, Md.		
1		REMOVAL (Specify) 2-18-66	23c NAME OF CEMETERY OR C	rematory	23d. (OCATION (City or Town) Suitland	(County) (State) Md.		
Q I		funeral director A. Pumphrey, 7557 Wisc	Month	/ 55	2 1 1956 Teles	ers signature when Judge		

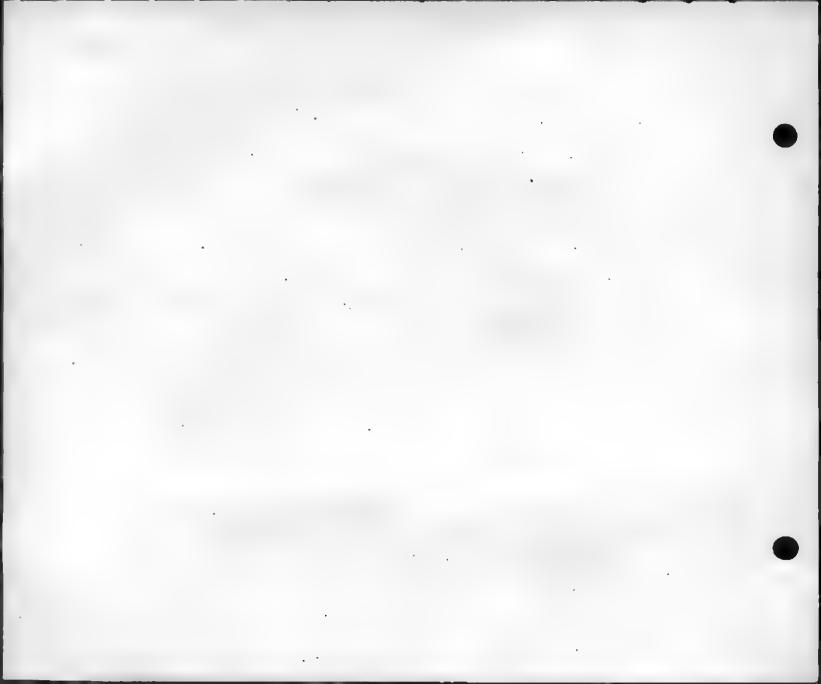
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician process plets filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. VR A15 (4) 20 M 1/66



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH dath. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY rbon papers. Pages 1/, within 72 hours after after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Suno 8. IS RESIDENCE INSTITUTION (If not in hospital) - give street address d. STREET ADDRESS ON A FARM? NO _ it ellely carbon 3. NAME OF DECEASED DATE First Middia Last Month Day Year 4. (Type or print) DEATH 19 e ya 6. COLOR OR RACE DATE OF BIRTH AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIÉD гетоуе birthday) Months Days Hours апу and WIDOWED DIVORCED [Thysician and please reval, and pr 10a. USUAL OCCUPATION (Give kind of work done to 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? certifimmte attenling hysi ermit. Then ple on, or removal, a FATHER'S NAME MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. INFORMANT i 17. been signed by the atten the burial-transit permit. or to burial, cremation, or (Yes, no, or unkowa) (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Cenditions, if any, which gave rise to immediate DUE TO cause (a), stating the as th prior (underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 119. WAS AUTOPSY for use Health p PERFORMED? certificate YES S NO F 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury detached for the Dept. of 1 this MEDICAL 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20d, INJURY OCCURRED (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) Hour a.m. After p.m. at work at work should ith the 21. I certify that (I) (this hospital) attended the deceased from director, page 3 should should be filed with the saw the deceased alive on I and that M, from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED ATTENDING page filed STAFF PHYS. 2 ad PHYS. M.D. DIRECTOR MOSPITAL PHYSICIAN'S, NAME (Type) 22c. 22d. ADDRESS director, p should be f BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. -LOCATION (City, town or county) REMOVAL (Specify) GEO. WASHINGTON UNIV. MED SCHOOL ESEARC ADDRESS FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S CIGNATURE Marley VR AL5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remode calcon papers. Pages 1 and 2 should be flied with the State Dept. of Health prior to burial, cremation, or removal, and in any creek, within 72 hours after death. 24 Hours after leath. TO HOSPITAL OR ATTENDING PHYSICIAM The law remainen that the limit certificate be executed mitlin Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH	
STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
CEDTICICATE OF DEATH	00000

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1, MARYLAND
) 32439 CERTIFICATE OF DEATH	02396
1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if in a CAUNTY b. COULT	
MARYLAND B. STATE D. COURTY - MARYLAND B. STATE D. COURT	NITY (
b. CITY OR TOWN (If outside corporate limits, we write DURAL and give, nearest town)	Ite RURAL end give nearest town)
REASINGTEN My mo, Kensington	. /
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
NENSINGTON GARdens Nursing Home 11518 LOVEJOY, ST. KENS	INJON FO YES NO X
3. NAME OF First Middle Last 4. DAFE Mont	
5. SEX 6. COLOR OR RACE V7 MARRIED [7] NEVER MARRIED [7] 8. DATE OF BIRTH 9. AGE (In years	11 JUNDER 1 YEAR HE UNDER 24 HRS.
White William I marked I was birthday)	Months Days Hours Min.
10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR / 11. BIRTHPLACE (County & State, of foreign country	y) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	1 21.1
WILLIAM BAKIER ANNA CARRIE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	SS
No 708-1298-39	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). 1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Leule Heart Fachul	Id hogy
TIN DUE TO	20/
conditions, if eny, which gave rise to immediate (b) franche frieumonia,	almes
cause (a), stating the DUE TO underlying cause last. (c)	
	IPART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II	of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While at work at work	11
21. I certify that (I) (this hospital) aftended the deceased from 1965, to 1866, to	1966, that (1) (we) last
	and on the date stated above.
22a. SIGNATURE ATTENDING MED. DIRECTOR DIRECTOR PHYS. DIRECTOR PHYS.	22b. DATE SIGNED
	h 1/1
22c. PHYSICIAN'S NAME (TYPE) TO THIBAPEAU 3/20 FAPPAGUT A	WE KERS MAD
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, the REMOVAL (Specify)	
Removal 2-21-1966 Jacksonvil	le III
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. R	EGISTRAR'S SIGNATURE
Joseph Gawler's Sons, Inc. 5130 Wisc. WEEB 25 1938	learly Judge.



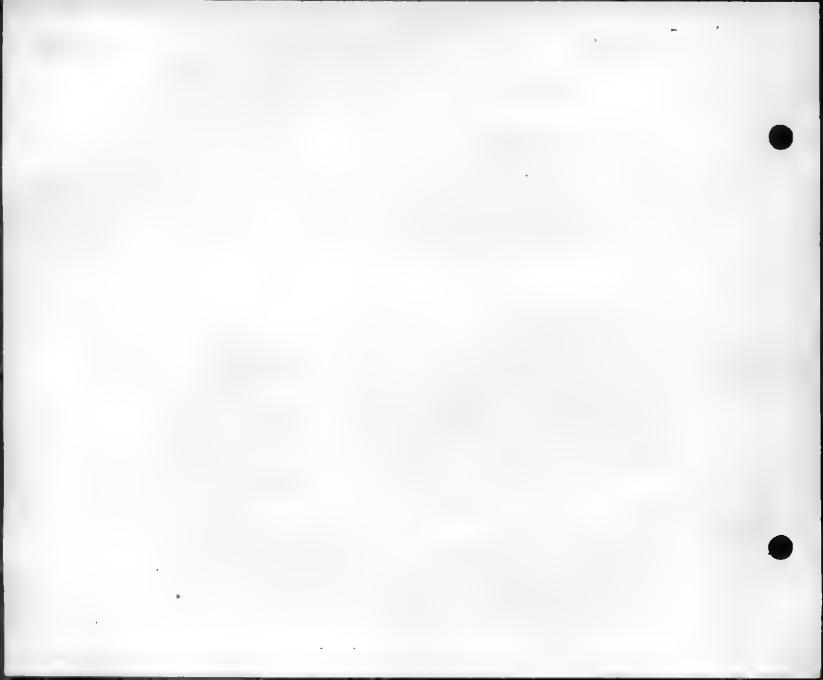
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then, please remove carbon papers, Pages II and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removed and any event, within 72 flowes from death. 24 Lours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: THE law remulres that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

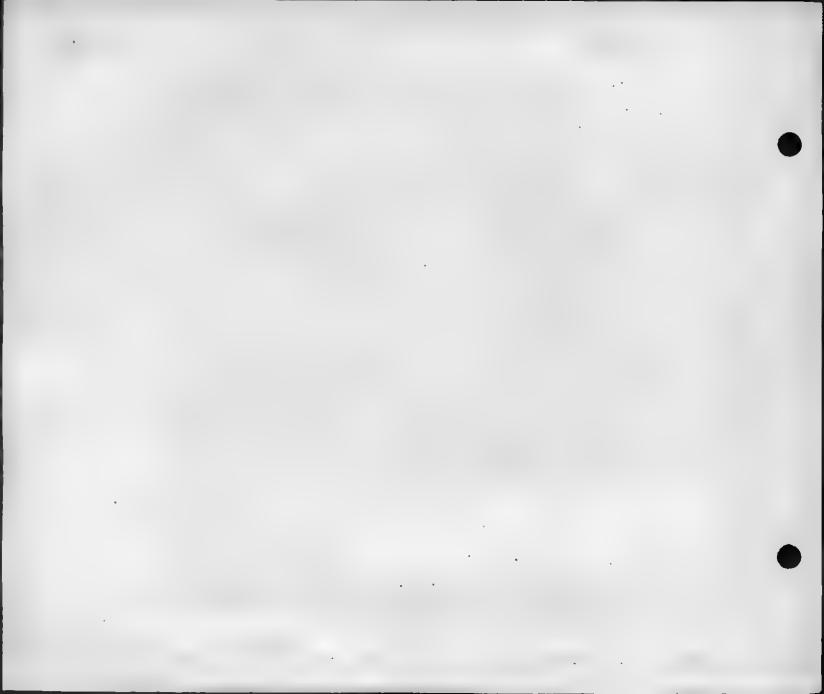
CERTIFICATE	OF DEATH	

1	0	2440		CERTIF	ICATE	OF DEAT	FH		02397
1	a. C0	E OF DEATH DUNTY				2. USUAL RESID	ENCE (Where deceased	lived, If Institution: F b. COUNTY	esidence before admission)
	17	lon Gome	side corporate limits,		YLAND	Wast			and also named town
	W	rite RURAL and give	nearest town)	c. LENGTH OF STA	5 m	C. CITY DR IDWN	(if outside corporate	ilmits, write KOKAL	and give nearest town)
	0. N/		i'n <u>g</u> R INSTITUTION (If not in 1	1		d. STREET ADDRE	22		e. IS RESIDENCE
,	Ho	ply Cross	11 24	of Silver		b 2420	-	e Ave	ON A FARM? YES NO 19
		E/DF EASED or print)	Baby	Middle Gir/	B	Last	4. DATE OF DEATH	Month Fr hrvary	Day Year 3 1966
	5. SEX	6. COLO	R OR RACE 7. MARRIED	NEVER MARRIE	ED THE	DATE OF BIRTH			YEAR IF UNDER 24 HRS
	tem	rale Car	LCas, WIDOWED	DIVORCE	ED 🗍 7	teb. 2,1	966	yrs. Months	Days Hours Min.
	10a. USU/ during mo	ALOCCUPATION (GIVE ost of working life, e	kind of work done 10b. I even if retired)	(IND OF BUSINESS O NDUSTRY	R	Mon 1907	(County & State, or for	eign country) 12, C	DUNTRY?
	13. FAT	HER'S NAME	n 1 1			14. MOTHER'S M			
	K	enneth	Dalch			2011C	e Kub	<	
	15. WAS (Yes. po.	DECEASED EVER IN U or unkown) (If yes git	.S. ARMED FDRCES? 16	SOCIAL SECURITY N	0. 17.	INFORMANT		Address	
	1	C		lone-		mote	er		
	18,		Enter only one cause per	line for (a), (b), and ((c).]				INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS	CAUSED BY: TATE CAUSE (a)						311021 11112
		7.50 X	DUE TO		-17		,		
		ditions, if any, whi o rise to immedia	te (encepen	alle	Rewi	will.		
	caus	se (a), stating t arlying cause last.	he DUE TO	O					
			VNT CONDITIONS CONTRIB	UTING TO DEATH BUT	NOTRELA	TED TO THE TERMIN	AL DISEASE CONDITIO	NGIVEN IN PART 1(a)	19. WAS AUTOPSY
	PART 20a. OR C								PERFORMED?
٠.	20a.	ACCIDENT WAS UND	DERLYING 20b.	DESCRIBE HOW INJU	URY OCCU	RRED. (Enter natur	e of Injury In Part I o	or Part II of Item 18	
	S OF E	CONTRIBUTING CA	ICAL EXAMINER)						
	MEDICAL 20c	TIME OF INJURY			20e. PLA	CE OF INJURY (Home	o, farm, 20f. (City	or town) (Co	inty) (State)
	W	Hour a.m.	19 at wor	k Not While		7, 20, 20, 10, 10, 20, 21, 21,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	2	1. I certify that () (this hospital) attend	led the deceased	from 🛂	- 2 -	, 1966, to Z	- 3 , 19 6	, that (I) (we) las
		aw the deceased a	live on $\frac{2-3}{3}$	19 66,	and that	death occurred a	at A.M., from th		he date stated above
	22a.	SIGNATURE	1.1/1/11	lal		ATTENDING E	MED. S	TAFF -	ATE SIGNED 4-66
	22c.	PHYSICIAN'S	v. writer	TE	M.D	22d. ADDRESS		HYS. U	9-00.
		NAME (Type)	AN WWII	USHEL	mo	800 P	ERSHING	De, SS	MD
	23a. BU	RIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF C	EMETERY	OR CREMATORY	23d. LOCATIO	ON (City, town or co	unty) (State)
			2/7/66	Gate of I	leave		Silwr	Spring, M	
	24. FUN	NERAL DIRECTOR	1331 Rockvil	ADDRESS	Ponle	25a.	REC'D BY REGISTRAF	1 / 1 / -	
	4,500	ou mitocatt	TOOT MOCKYT.	TC LTVG 1	VOCK*	DATE	_B 10 1968	A ware	es Judge:

VR A15 (4) 15M 4-64

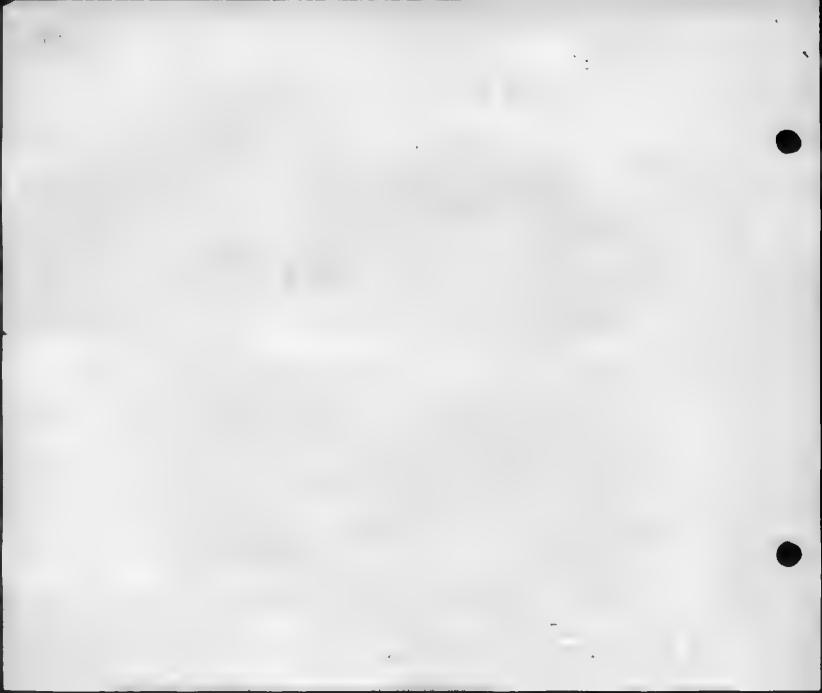


	1984 CERTIFICAL	s, 301 w. preston street, baltimo [E OF DEATH	02203
	PLACE OF DEATH	2. USUAL RESIDENCE (Where decresed lived, If in	stitution, Residence bet
14	. COUNTY 2	e, STATE A	12/
	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporate limits, write I	11031190
	write RUBAL end give neerest town)	10 11 01 01	COKAL and give reares
1	TOYTH Chay C'HISE	North Chovy Cha	se
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)	d. STREET ADDRESS	D/!
	None	1880/ KENSINGTON	YE YE
3.	NAME OF DECEASED // // Middle	A. DATE Month	Day
	(Type or print) William W	50/10 DEATH FOS	16
5.	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yeers last birthday)	FUNDER I YEAR IF U
	WIDOWED W DIVORCED	8/30/1884 83 yrs.	
10e	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR'	Y 11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF W
Δ	etired Corpenter	Jennessee	1.0.4
13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
7	Keehard M Ballard	Hara Bradley	7
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 14, no, or unknown) ((flyesgive werordales of service)	NFORMANT	Lenzinoton
,	4-58-03-4 R	dire Baker Bath es	Lewy Eleve
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	1 0 /	INTERY
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 100 Cordio	/ failure	
	sit + x DUE TO	, ,	
	Conditions, if any, which \ (b) ATTONIOSCIO	90515 - CANDIO-1/25	cc.6 -
	geva rise to immediate cause	/ / /	
	(a), stating the underlying couse lest.	12/ 0/15/25	
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVE	N IN PART 1,a) 19.
CERTIFICATION	(prainoms of p.	rostate. Pholitis	YES
	200, ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pert I or Part II of item 18.)	
CER	OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER,	æ	
N.	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20c. PLA	CE OF INJURY (Home, ferm, 20f. (City or town)	(County)
MEDICAL	Hour a.m. / While Not While feet	ory, streat, office bldg., etc.)	
2	P.m. 17	1956 4 10 P/54	10 that
	21. I certify that (I) (this hospital) attended the deceased from.	to the same of Garages are	*
	saw the deceased alive on	death occurred at. A. M. from the causes at	10 011 110 0010 5
		ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	2.
	22c Hysician's	22d. ADDRESS	010
	NAME (Type JOHN B. UMHAU	8805 (onn. Are.	Ch.Ch.
23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 123d. LOCATION (City, low)	n or county)
A ()	REMOVAL (Specify) 2-18-1966 PackLagin	Police	Many
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE
1	16. 11 5101 Wise. A	YOUR MAN. EED ON 1000 MAI	carelas Jud
1 1	ロルシンノ にっていく さくしんしんにんし ハイメリン レー・イノンヤン・ノンドイン・アンド		



1 1 -. . .

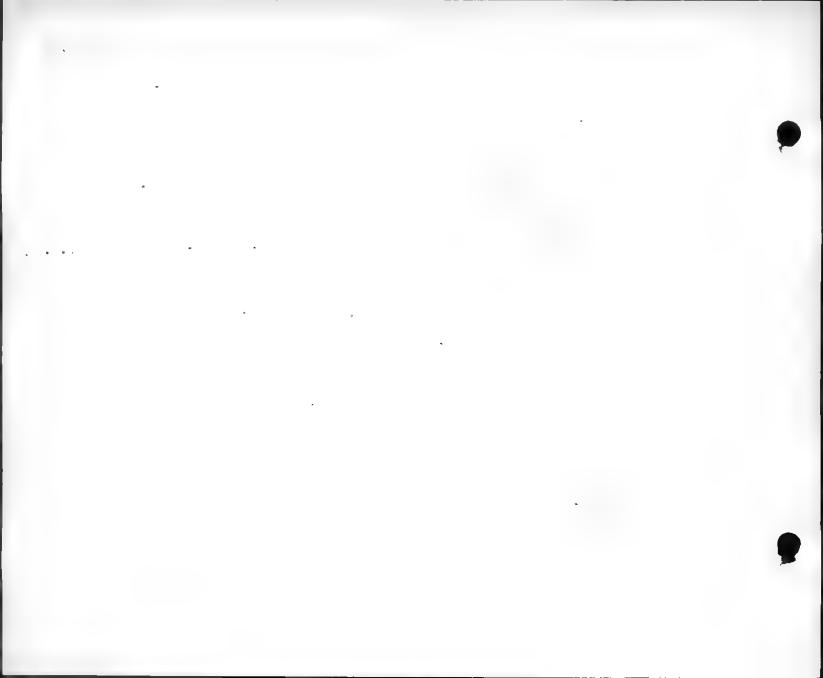
DIVISION OF STATISTICA	MARYLAND STATE DEP	ARTMENT OF HEALT	•	
02443	CERTIFICATE		BALTIMORE 1, MARYLAN	400
1. PLACE OF DEATH • COUNTY NONTCOME	MARYLAND	*, STATE Maryland	b. county Mont gom	ery
b. CITY OR TOWN (if outside corporate write RURAL end give neerest fown) \[\begin{array}{c} \begin{array}{	12,000	Mohican Hil		- /
Brook Creve Founds	ion (Sharan)	5445 Mohican	. Kd	ON A FARM
DECEASED (Type or print) 5. SEX 6. COLOR OR RA	te V	Beyll DEATH	2 /2 AGE (In years IF UNDER) YEAR IF	19 6 6 UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of	WIDOWED DIVORCED DIVORCED ON INDUSTR	marga , 18 80	85 yrs. 1919	ours Min.
done during most of working life, even if me Housewite 13. FATHER'S NAME	(hedi	111 . 11 4	n. 7:5	-
15. WAS DECEASED EVER IN U.S. ARMED [Yes, no, or unkown] (If yes give we rordate	of sarvice)	Margaret Pas	Address	
18. CAUSE OF DEATH [Enter only	ne cause per line for (e), (b), end (c).)	s. E.C. Barringte	TINTERV	AL BETWEEN AND DEATH
PART I. DEATH WAS CAUSED BY	o Smith prelle	linea	. ح_	lys
Conditions, if eny, which gove rise to immediate cause (e), stating the underlying cause test.	(c)			
5 Smility,		cheesis	YES	PERFORMED?
	H R)	D. (Enter nature of injury in Pert 1 or Ped		
20c. TIME OF INJURY Month, Dey, Hour s.m. p.m. 1	While Not While st work st work	ory, street, office bldg., etc.)	r or town) (County)	(State)
saw the deceased alive on	pital) attended the deceased from	death occurred at 415 RM, from	the causes and on the date :	stated above
22e. SIGNATURE	my and	ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS	STAFF 2-12-6	22b. DATE SIGN
NAME (Type) A, D, /	THEOF 1236, NAME OF CEMETERY	ZINAS 200	ATION (City, town or county)	(State)
REMOVAL (Specify) Burial 2-15 24 FUNERAL DIRECTOR'S SIGNATURE		emetery Roc	kville, Marylan RAR 256, REGISTRAR'S SIGNATURI	d _
ROBERT A. PUMPH	EY Bethesda, Ma		23 granles Jus	ge.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEM PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) p. COUNTY p STATE Page Montgomery Montgomery Marvland b (TY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Silver Spring c LENGTH OF STAY IN 16 c. C. TY OR TOWN (If outside corporate mits, write RURAL and give nearest town) Hours Kensington d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? haurs 2711 Calgary Avenue Holy Cross Hospital YES NO X 3 NAME OF Middle 4 DATE DECEASED MEGHAN THERESA BECKER Feb. 19 66 within (Type or print) DEATH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED X 8 DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR last birthdoy) Months Female White 12/2/65 W DOWED DIVORCED 1) BIRTHPLACE (State or foreign country) 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT dump most of working life, even if retired) None NOLSTRY COUNTRY? Silver Spring, Md.

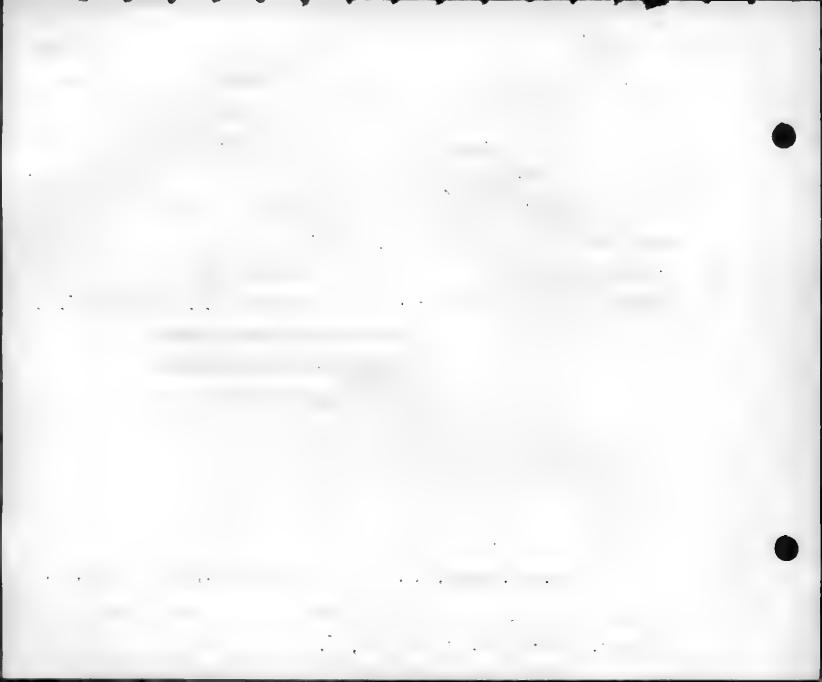
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ξ G. Louis Becker Barbara L. Marino 1S WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 2711 Calgary Ave (Yes, na, or roknown) (f yes a ve wor or dotes of serv ce remaval Kensington, Md. G. Louis Becker INTERVAL BETWEEN CAUSE OF DEATH (Enter any one couse per OWSET AND DEATH PART I DEATH WAS CAUSED BY IMMED ATE CAUSE (o) This certificate should crematian, DUE TO Conditions, if any, which gove rise to immediate couse (b), stating the underlying couse WAS AUTOPSY PERFORMED? 200 EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH. 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port Lior Port L of Item 18) ar its designated agent, 20e PLACE OF INDRY (Home, form 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Not While X foctory, street, office bldg , etc) While MINIERAL MIRICTOR: Pogm While of work 1966 21. I certify that I taak charge of the remains described above, held an Autopsy and in my opinion Inspection the funeral director. Natural causes _______ Acadent X Suicide . Homicide Undetermined monner death resulted from: 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 moy TO MINE Health town, or county) NAME (Type) BURIAL, CREMATION, DATE THEREOF 23d LOCATION REMOVAL (Specify) Gate of Heaven Cemetery 2-5-66 250, RECT BY REGISTRAR 24 FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE VR A15ME (5) Pumphrey. Silver Spring.



VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	more of beath
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
No New Park is and and	MARYLAND B. STATE Maryland b. COUNTY Montgomery
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF	
write RURAL and give nearest town) SILUER SPRING week	k Silver Spring ' ';
d. NAME OF HOSPITAL OR INSTRUCTION (if not in hospital, give stre	reet address) d. STREET ADDRESS e. IS RESIDENCE
this is An an itsean	ON A FARM Z
MOLY CEOSS HOSPITAL	1.00
3. NAME OF First Middle DECEASED	OF La
(Type or print) SAMUCL B	
WEVER MAI	ARRIED 8. OATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Iast birthday) Months Days Hours Min.
Lange Control of the	ORCED 7/ // 06 59 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINES during most of working life, even if retired) INDUSTRY	SS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
AUDITOR PUBLIC HOLSI	MARON PA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Dana Bennett	Virginia Butterworth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURIT	TYNO 17 INFORMANT Address
(Yes, no, on Indiam) (If yes give war or dates of service) 251-34-502	Willis Bennett N.W. Washington D. C.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), a	TO THE PERSON OF
DADE I DESERVINA CALLERY OF	ute peritonitis and pancreatitis
15 1 V	ate peritonities and panereatries
Conditions if any which I	and fallowing wallfiled Whitenles
gave rise to immediate /	atus following modified Whipples
Andrew (m), account the	ocedure
underlying cause last. (c) Car	rcinoma head of pancreas BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
E PARTITION TO THE RESIGNATION OF CONTRIBUTING TO DEATH	PERFORMED?
	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRE Hour a.m. p.m. 19 at work at work	factory object office bidge ato)
Hour a.m. While Not While at work at work	
21. I certify that (I) (this hospital) attended the decease	sed from 2/2// 1966 to 2/20 1966 that (1) (we) last
saw the deceased alive on 2/2/3/6 19	and that death occurred at 322 At, from the causes and on the date stated above.
22a. SIGNATULE	22b. DATE SIGNED
Momas D. Calson 110	M.D. ATTENDING MED. OIRECTOR STAFF PHYS. Feb. 25/966
22c. PHYSIGIAN'S	22d. ADDRESS
NAME (Type) Thomas G. Edison, M.D.	1015 Spring St., Silver Spring, Md.
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME (PEMOVAL (Specify)	OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial Jeb 28, 1966 St. Ma.	rk's Cenetery Pairland, Maryland
24. FUNERAL DIRECTOR CLUST & WAR 8434 GOA	
Warner E. Pumphrey, Inc. Silver Sr.	4 - MI LLUID ACCOLUMNIA (1. 1. 4.4)
The state of the s	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

	ST PONDS THO , BACTINO	ME-MO ZIZOI			
MARYL DIVISION OF STATISTICAL RESEAR	AND STATE DEF			IODE 4 HARVIAND	
" ngg 2 @			SIREEI, BALIIN	TURE I, MARYLAND	
UGTTO	CERTIFICATI	E OF DEATH		16413	
1. PLACE OF DEATH a. COUNTY		a ATRIE	(Where deceased lived, If	Institution: Residence before ad	mission)
Montgome ry	MARYLAND	Mary	hand b. co	Montgome ry	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give pearest town) ROCKVILLE	LENGTH OF STAY IN 1b	C. CITY OR TOWN (If or		write RURAL and give neares	t town)
		Rock	ville	11	7
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi	tal, give street address)	d. STREET ADDRESS		e. IS RES ON A F	
1015 DeBeck Drive		1015 DeBeck	Drive		NO EX
3. NAME DF First DECEASED TAXIS TAXIS	Middle	Last	4. DATE MO	nth Day Yea	r
(Type or print)	P.	BESSER	DEATH Fel	9, 19	66
SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED [8	. DATE OF BIRTH	9. AGE (In year	S IFUNDER 1 YEAR IF UNDER	. —
WIDOWED	0110110601-1	Oct. 1894	71 yrs.	Months Days Hours	Min.
Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND luring most of working life, even if retired) INDUS	OF BUSINESS OR	11. BIRTHPLACE (Cour	ity & State, or foreign coun	try) 12. CITIZEN OF WHAT	
Housewife		Maryland		U.S.A	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	1 0	
Linknower Us	are !	daws	ALLE ELL	limberous	2
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC Yes, no, or unkown) (If yes give war or dates of service)		INFORMANT		ress	
	G	Beorgia Ray⊶-	CousinAdd	ress above item	m#2
18. CAUSE OF DEATH [Enter only one cause per line f	or (a), (b), and (c).]			INTERVAL BET	
PART I. DEATH WAS CAUSED BY:	uchapne	emoria	4	ONSET AND E	IN I
3X DUE TO A	1 6 0	1 1	17 1		7
Conditions, if any, which) (b)	eora le	ncephalo	mulace	a 24la	w
gave rise to immediate (cause (a), stating the DUE TO		1)			
underlying cause last		V			

linknown Peace Laws Porter	inknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addre (Yes, no, or unknown) (If yes give war or dates of service)	ess
Georgia Ray Cousin Addr	ess above item#2
18. CAUSE OF DEATH [Enter only one cause_per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Droughop neuronic	ONSET AND DEATH
3 3 3	
Conditions, if any, which) DUE TO Cerebial Encephalonyllicia	2 2 years
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While et work et work	(County) (State)
21. I certify that (I) (this hospital), attended the deceased from Ilcumble, 1963, to tel. 9	, 1946_, that (I) (we) last
saw the deceased alive on Feb 9 1968, and that death occurred at Lish M, from the causes	and on the date stated above.
22a SIGNATURE	22b. DATE SIGNED
M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS.	Feb. 9, 1966
22c. PHYSICIAN'S NAME (Type)	7777
	KE. DOCKVILLE
Burial Gremation, 23b. Date Thereof 23c. Name of Cemetery or Crematory 23d. Location (city, to Burismoval Specifics) 2/12/66 Mount Rose Cemetery York, Penn	
	REGISTRAR'S SIGNATURE
Tyson Theeler 1331 Rockville Pike, Rockville of EB 14 1966	rovley Judge =

VR #15 (4) 20M 1/65

April 10 mg

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Montgomery Maryland MARYLAND t CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate mits, E LENGTH OF STAY IN 15 write RURAL and give nearest tawn)
Takoma Park West Hyattsville d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Washington Sanatarium 2027 Rittenhouse Street YES NO TO 3 NAME OF Middle Lost DATE DECEASED JACOB BLAFKIK (Type or print) DEATH Feb. S€X 9, AGE (In years 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 24 HRS 7 MARRIED NEVER MARRIED last birthday) Male White WIDOWED DIVORCED 8/15/1888 10a US_AL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CHT ZEN OF WHAT during most of working life, even if retired)
Store Owner (F INDUSTRY COUNTRY? Retail RUSSIA USA 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Samuel Blafkin Mollie 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, prunknown) (If yes give wor or Bess Blafkin same as 2 above UNKNOWK INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter an y one cause per tine for (a), (b), and (c). PART I. DEATH WAS CAUSED BY ONSEL AND DEATH IMMEDIATE CAUSE (g) DUE TO Conditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying cause PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? NO 20g ACCIDENT WAS LINDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 1t of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour am. factory, street, office bldg., etc.) Not While at wark 21 I certify that (1) (this haspital) attended the deceased from therein , 1960, to FOG 25 , 1966, that (1) (Ma) last 25, 1966, and that death occurred at 10 30PM, from couses and an the date stated above saw the deceased alive an Fall 22a, SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING -26-66 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 230 BURIAL CREMATION DATE THEREOI NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Burial (Specify) 2/27/66 Natl. Mem. Park Falls Church

4217 9th Street N.W.

2Sq. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

O FUNERAL DIRECTOR: After this certificate Page 4 may be retained director, po should be !

requires that the death certificate be executed within 24 haurs after death.

funeral 1 and

papers. Pagi

event, wit

mit. Then p , ar remaval,

signed by the atter burial-transit perm burial, cremation, a

ed far use as the b af Health prior to b

detached

page 3 shauld 1 se filed with the S

by the haspital ar attending physician.

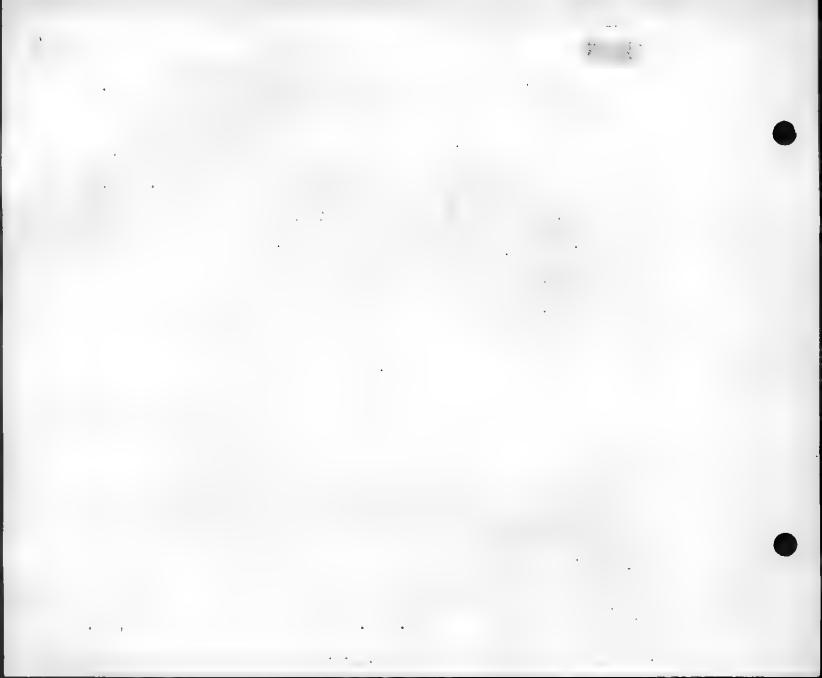
has been

completely filled in b

VR A15 (N) NO M 1/66

24 FUNERAL DIRECTOR

Goldberg Funeral Home



	1	1	
,			100
1			-
,			

after death. Page 4

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

may be retained by the hasp tal at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, and followed by the filed with page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers, the registrar priar to burial, cremation, ar remayal, and in any event within 72 haurs after death. TO HOSPITAL OR VS A15 (4) 15M 9/58

23. FUNERA. DIRECTOR'S SIGNATURE ROBERT A. PUMPHREY

	02448	CERTIFICA	ATE OF DEATH	1	Reg. Dist. No. () 24.05
	PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who state Mary)	ere deceased lived. If institution Land b. COUNTY	Residence before odmission
	b. CITY OR TOWN (If outside corporate limits, we RURAL and give neorest town) Rockville	1 yr. $4\frac{1}{2}$ Mo	Poto	nutside corporate limits, write RU	15-1
	d NAME OF HOSPITAL (If not in hospital give strong institution Potomac Valley Nur		d. STREET ADDRESS 8919 Bri	ckyard Road.	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Florence		onifant	4. DATE OF DEATH Feb	Doy Year 5 19 66
5.		MARRIED NEVER MARRIED A	8. DATE OF BIRTH Nov. 21, 1		Months Doy, Hours Min.
100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	nob. KIND OF BUSINESS OR INDUS Retired	STRY 11. 8IRTHPLACE (Stole		12.CITIZEN OF WHAT COUNTRY?
13.	James Bonifant	•	Laura Cr		
	WAS DECEASEDEVER IN U S ARMED FORCES? is. no, or unknown) [If yes, give wor or dates of service]		nformant Neice s. Herbert	Same	
	18. CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (o), (b), and (c).]	Heart	Failure	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause lost.	Coronary t	Heart Dis	casp	years
ECATION	PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease condition give	N IN PART 1(o) 19, WAS AUTOPSY PERFORMED? YES NO []
CERT	200 ACCIDENT WAS UNDERLYING A 206 OR CONTRIBUTING A CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in	Part I or Part II of item 18 j	
MEDIC AL	Hour p. m,	hile Not while for work of the property of the	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	20f. (City or town)	(County) (State)
	21. I certify that I oftended the decolive an 121-1, I		occurred at 2,754		hat I lost saw the deceosed I on the date stoted obove. DATE GONTO Be the rela 2 15/66
	PHYSICIAN'S JAMES W.	EGAN	***************************************		Maryland
	o. BUR AL, CREMATION, 22b. DATE THEREOF 2-7-66	20c NAME OF CEMETERY OF POTOMAC Met		22d. LOCATION (City, town, or Montgomery	

Montgomery County, REGISTRAR 24b. REGISTRAR'S SIGNATURE Bethesda, Maryland DATE 3 1 4 195 Traves



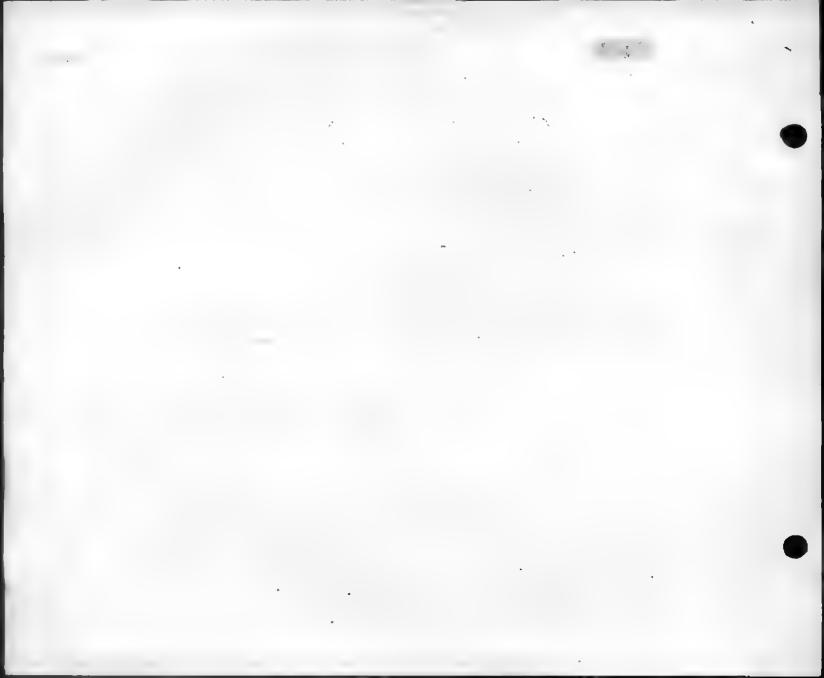
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		02449	CERTIFICATE	OF DEATH	92406
		PLACE OF DEATH J. COUNTY JOYTGON	ERY MARYLAND	a. STATE	ed fived, if institution Residence before admission) b. COUNTY
71		OCITY OR TOWN (if outside corporate mits, write RURAL and give nearest town)	Security In 16	ROCKLILL	rte limits, write RURAL and give nearest town)
71		J. NAME OF HOSPITAL OR INSTITUTION (IF not in I	aspital, give street oddress)	d STREET ADDRESS	TESTERES DENCE ON A FARM? YES NO ME
		NAME OF First DECEASED (Type or print)	James Middle	Last 4. DATE OF DEATH	Month Doy Year
	S.	L	MARRIED NEVER MARRIED 5	7-3/-/3	AGE (n years IF UNDER YEAR IF JNDER 24 HRS Hours Manths Days Hours Min. Yes Min.
).	40	USJAL OCCUPATION (Give kind of work done in most of working if e, even if in tired)	NOUSTRY HOME	1) BIRTHPLACE (County & State, ar for	reign country) 12 CITIZEN OF WHAT COUNTRY? 21.3.A
	13	FATHER'S NAME	nknown	14 MOTHER'S WAIDEN NAME	ceet .
	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give war ar dates af sen		LC 10 1 300	ne this xind. It will
		18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. (b) 4 DUE TO (c)	Cartinoma	y section	INTERVAL BETWEEN ONSET AND DEATH 25-2-10
_	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTR			YES NO
	CAL CERTIFICATION	20a ACCIDENT WAS UNDERLYING ☐ OR CONTR BUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205 DESCRIBE HOW INJURY OCCURRED. ((Enter noture of injury in Port I or Por	t II of item 1B.)
	MED CA	20c TIME OF INJURY Manth, Day, Yeor Haur a.m p.m. 19		CE OF INJURY (Home, form, ary, street, affice bldg, etc.)	(City ar town) (County) (State)
		21. I certify that (1) (this haspita saw the deceased alive an		death accurred at S.A.	A, fram causes and an the date stated above.
1		220. SIGNATURE 221. PHYSICIAN'S	Hartrack M.	22d. ADDRESS	STAFF 22b. DATE SIGNED 2 4-66
	230	BURIAL, CREMATION, 23b. DATE THEREOI	k B. Hartsock M 23c. NAME OF CEMETERY OR (CREMATORY 23d LC	(eto(Z) (ytqup2) (nwoT to yti2) NOITAX
		REMOVAL (Specify) urial transit 2/4/ . FUNERAL DIRECTOR	66 Woodlawn Me	2So. REC'D BY REGIST	RAR 2Sb. REGISTRAR'S SIGNATURE
		Robert A. Pumphr	ey Bethesda, M	id. DATEEB 14	1958 frances Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion

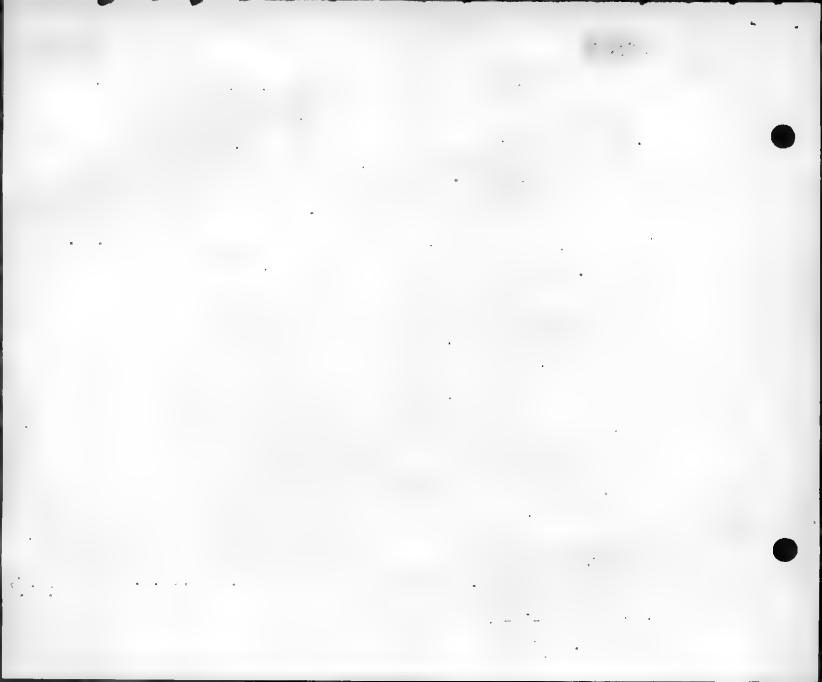
Poge 4 may be retained by the hospital or attending physician.



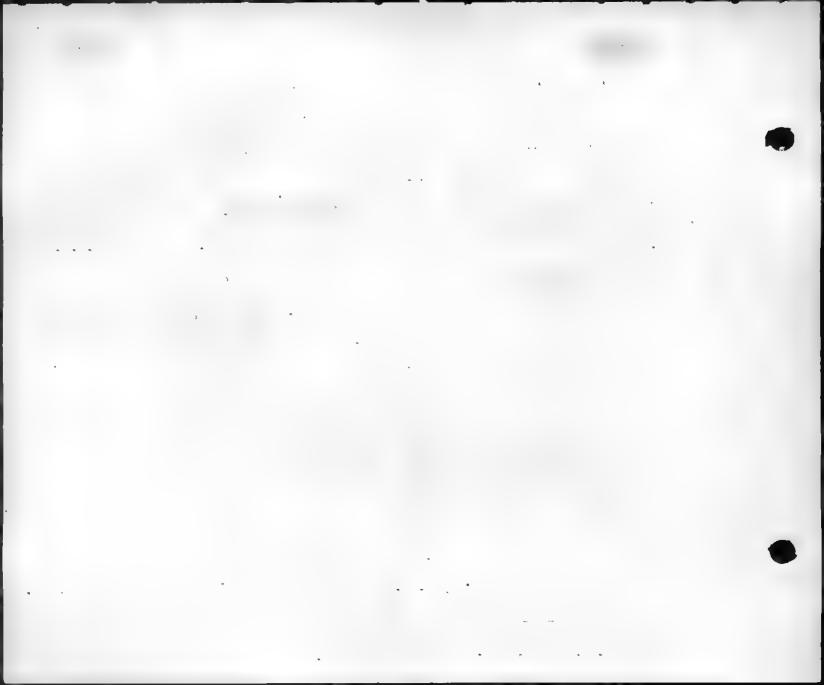
	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION	OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	, MARYLAND

ħ	02450	<u>}</u>	CERTIFICATI	OF DEATH		02407
Y	1. PLACE OF DEATH a, COUNTY	ONTGOMERY	AAADW AND	2. USUAL RESIDENCE (Where det	b. COUNTY///	sidence before admission)
	b. CITY OR TOW	N (ir outside corporate limits, and/give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside cor	porate limits, write RURAL i	and give nearest town
ŀ	d. NAME OF HOS	PITAL OR INSTITUTION (if not I	hospital, give street address)	Bethesda d. street ADDRESS		e. IS RESIDENCE
		River Road	, 3	4906 River Ro	ad	ON A FARM? YES NO K
	3. NAME DF DECEASED (Type or print)	George A	Middle Be	Lest 4. DATE DE DE DEATH	February	Day Year 22 1966
ľ	5. SEX	6. COLOR OR RACE 7. MARRI			AGE (In years IF UNDER I last birthday) Months	
1	10a. USUAL OCCUPAT	ION (Give kind of work done 10b	. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State,	or foreign country) 12. Cl	TIZEN OF WHAT
1	117 22 C H	ng life, even (f retired)	industry etired	Denmark	Ű.	UNTRY?
	13. FATHER'S NAM	Ē		14. MOTHER'S MAIDEN NAME	1	
		N. Borresen		Mary Paulsen		
1	15. WAS DECEASEDE (Yes, no. pr unkown)	(If yes give war or dates of service)		INFORMANT Brother Try Borreson	Address	
		DEATH Enter only one cause pe	er line for (a), (b), and (c)			INTERVAL BETWEEN DNSET AND DEATH
1	PART I. DE	ATH WAS CAUSED BY: LO	ronary Ull	1251017		- DROCT AND DEATH
1	123	DUE TO A	to a cilia	5 6 1 6		
	Conditions, If	Immediate (ICHIO OCIETO	7515		
	cause (a), st underlying caus		pesity			
	PART IN OTHER'S	IGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
	\$ AThe	remata t	TOYTA LA	rainema ?	restate	YES NO
	😤 OR CONTRIBUTI	WAS UNDERLYING [] 20b NG [] CAUSE OF DEATH IFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY DCCU	RRED, (Enter nature of Injury In Pa	art I or Part II of Item 18.)	
	Hour a.m	ı. Wh	le - Not While - factor	CE DF INJURY (Home, farm, 20f. y, street, office bldg., etc.)	(City or town) (Cour	nty) (State)
			71	APT 1 1962 to	22 100 . 196	O heat (I) (ma) look
		y that (I) (t his hospital atte	mary 19 60, and that		om the causes and on th	that (I) (we) last e date stated above.
22a. SIGNATURE 128 22b. DAJE						TE SIGNEDT,
	<i>l</i>	U 11. Hear	MD MD		STAFF 23	66.66
	22c. PHYSICIA NAME (Ty		BEARD	22d, ADDRESS 2814 Conn. Av	re., N.W., Wa	shington,
	23a BURIAL, CREM REMOVAL (Spe	ATION, 23b. DATE THEREDF	23c. NAME DE GEMETERY	OR CREMATORY 23d. LC	CATION (City, town or cou	nty) (State)
	Crematio	n 2-28-66	Cedar Hill	Crematory Su 25a, REC'D BY REGIS	itland Mar STRAR 256. REGISTRAR'S	yland
	ROBERT	A. PUMPHREY	Bethesda, Ma	rylandMAR 3	366 Icharles	Judge _

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) Montgomery b. COUNTY Pages 1 after Montgomeru MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours uears Silver Spring Silver Spring = emove carbon papers. any event, within 72 ho filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 8329 Grubb Road 8329 Grubb Road NO Z YES completely f we carbon p 3. NAME OF Middle Last Mon th Day Year DECEASED +OLDIC-February 23 19 56 13 (Type or print) DEATH 5. SEX 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 8 DATE OF BIRTH 7. MARRIED X 9. remove NEVER MARRIED last birthday) Months White Pemale and WIDOWED and in 12. CITIZEN OF WHAT 1Da. USUAL OCCUPATION (Give kind of work done) 10b, KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician ease during most of working life, even if retired) INDUSTRY COUNTRY? Kansas City. Housewite Ovin home attending physermit. Then ple death certificate ā 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harland Kitterman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. been signed by the atten the burial-transit permit. or to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) Νο INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acide My yread Waste Now **OR ATTENDING PHYSICIAN.** The law requires that to be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. CERTIFICATION WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate ND 🔀 208. ACCIDENT WAS UNDERLYING DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this cerum detached for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) DIRECTOR: After t age 3 should be de filed with the State Hour a.m. - Not While at work at work p.m. . 2.3 1966 __ that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from depart and that death occurred at 103M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE 26, 1766 page ATTENDING πĺ DIRECTOR O HOSPITAL Page 4 may 22c. PHYSICIAN'S ADDRESS 22d. FUNERAL director, p should be 1 NAME (Type) Cohen. (State) BURIAL, CREMATION, 23b. DATE THEREOF BEMDVAL (Specify) NAME OF CEMETERY OR CREMATORY 23a. 2 Maryland pring. REC'D BY REGISTRAR 25b. VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND I tems 8, % STREET, BALTIMORE, MARYLAND 21201 ÖF 66 DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits), write RURAL and give negrest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (IF outside corporate limits, write RURAL and give nearest fown)

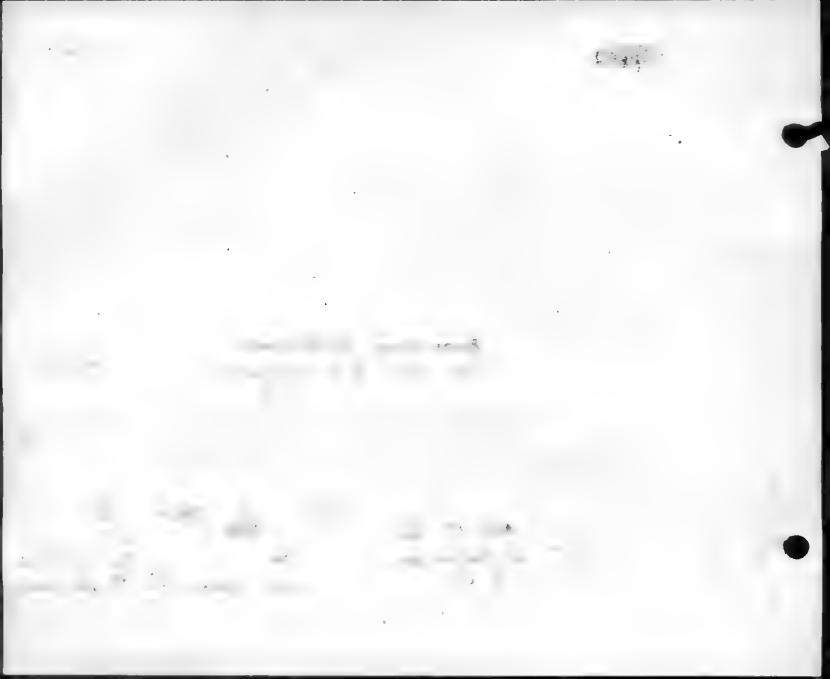
	d. NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address)	d STREET ADDRESS e IS RESIDENCE
	Suburban.	2817 PACKER CT VES INO M
3	NAME OF First Middle	Lost 4 DATE Month Day Year
	DECEASED (Type or print) WILLIAM F	BOUER DEATH FEB 18 1966
		8 DAX OF BIRTH 1912 9 AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS
	M (WIDOWED DIVORCED D	3 22-11/ - Plast birthdoy) Months Doys Hours Min.
10c dust	SUAL OCCUPATION (Give kind of work done Industry	11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
3	FATHER'S NAME	14. MOTHER'S MA DEN NAME
	WILLIAM BOYER	MYRTLE BROWN
	was deceased ever in a sarmed forces? 16 Social security no 17 les, no, or unknown) (if yes give wor of detector service) 413 - 09-450 9	INFORMANT Address Address Address Address
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART 1. DEATH WAS CAUSED BY.	INTERVAL BETWEEN ONSET AND DEATH
Ш	1621 IMMEDIATE CAUSE (o) DUE TO	of marin
	Conditions of any subschapes > Mr. Co. 18	run drosenic Falle
	rise to immediate couse (a),	
	stoting the underlying couse (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
ATION	Comment Comment Comments Comme	PERFORMED? YES \(\begin{array}{c} \text{NO} \\ \text{Y} \\ \text{NO} \\ \text{Y} \\ \text{NO} \
CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Port I or Port II of item 18.)
MEDICAL		(CE OF INJURY (Home, form, lory, street, office bidg, etc.) 20f (City or town) (County) (Stote)
	21. I certify that (I) (this hospital) attended the deceased from	90 , 1960, to FEB , 19 18 that (1) (we) las
П	saw the deceased olive on Feb 17 19 6, and tho	ot death occurred of 35224M, from causes and on the date stoted obove
	220. SIGNATURE / C. Lehum an M.	D ATTENDING MED STAFF 22b. DATE SIGNED PHYS PHYS FEL 18, 1966
	22c PHYSICIAN'S NAME (Type)	1150 Connecticutt Du Wash
230	NAME (Type) BURAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR REMOVAL-ISDective)	CREMATORY 23d/LOCATION (City or Town) (County) (Stote)
230	NAME (Type) BURIAL CREMATION, 23b DATE THEREOF, 23, NAME OF CEMETERY OR	CREMATORY 23d/LOCATION (City or Town) (County) (Stote)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please reache carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and indiffy event, within 72 hours after death O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death Page 4 may be retained by the haspital or attending physician.

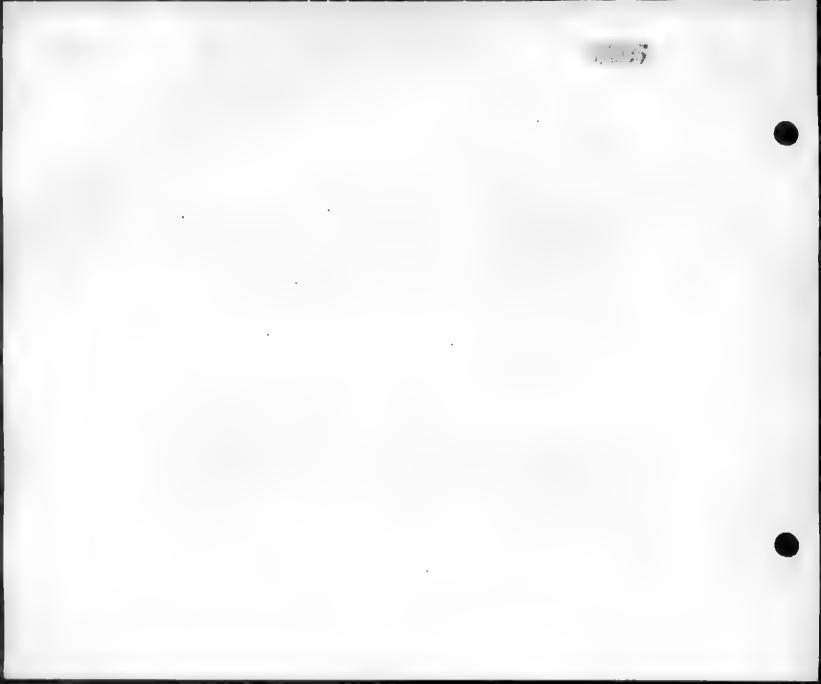
PLACE OF DEATH

71

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY Mont o. STATE gomere 0 PM3. Poge deoth MARY, AND deloy Deportment b. CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town) pup write RLRAL and a ve nearest town) Sandy Hdays 3 Grome-EMT4 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE farm haurs ON A FARM? Gaithers.b NO X YES Give Poges State This certificate should be executed within 24 hours ofter death. with 3. NAME OF Middle First DATE Month Dov DECEASED OF DEATH 9 (Type or pnnt) within S SEX 6 COLOR OR RACE AGE (n years IF UNDER 1 YEAR I IF UNDER 24 HRS 7 MARRIED NEVER MARRIED DATE OF lost birthday) Months WIDOWED DIVORCED in pencil in them. 100 USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY ony word "pending" in pencil in the Chief Medicol Examiner's pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI .≘ 亞 puo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address [Yes, no, or unknown] [(If yes give wor or dates of service removol, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN **burial-transit** ONSET AND DEATH Pancreatitis PART I DEATH WAS CAUSED BY Hemorrhagic o IMMEDIATE CAUSE (o) ____ writing the word cremotion, DUE TO Chronic- Alcoholysm Conditions, if any, which gave cars rise to immediate couse (a), forwarded to DUE TO stating the underlying couse 0 last 05 burial, used PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY CERT FICATION PERFORMED? ficate, YES [NO 0 9 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part or Part II of Item 18) P agent, prior PRIMARY Or CONTRIBUTING I should 3 shoul AL EXAMINER: CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF NJURY (Home, form, 20f (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour om. While Not While FUNERAL DIRECTOR: Poge Poge of work please execute of work its designated 21 I certify that I taok charge of the remains described above, held an Autopsy 💢 Inspection X tor Inquiry 1 and in my opinion the funerol director. death resulted fram Notural couses X Accident Suicide [Homicide Undetermined manner be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY TO FUNERAL Health or i DEPUTY MED CAL EXAMINER **EXAMINER'S** moy NAME (Type) Address (Street, city, town, or county) 23a BUR AL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATOR 23d LOCATION (City or Town) ((County) REMOVAL (Specify) 24 FUNERAL DIRECTOR ADDRESS REC D BY REGISTRAR 250 2Sb REGISTRAR'S SIGNATURE VR A15ME (5) 1966 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) b COUNTY a COUNTY MARYLAND LENGTH OF STAY IN 16 utside carparate limits, write RURAL and give nearest town) and to enegrest fown 651 INSTITUTION (If not in haspital give street address) d. STREET ADDRESS 15 RESTDENC ON A FARM? NO. NAME OF DATE First Month Doy Year OF DEATH DECEASED 19 (Type or print) AGE (In years 1 YEAR COLDR OR RACE 7 MARRISO NEVER MARRIED DATE OF BIRTH last birthday) Manths Days Hours WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done BIRTHPLACE (County & State or fareign country) during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 100 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na ar unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o)_ DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause last. 19. WAS AUTOPS)
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES 🔣 NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 11 of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, affice bldg., etc.) While Not While at work at work . 19____, ta_ ., 19___, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased from and that death accurred at _____M, from causes and an the dote stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR **ATTENDING** STAFF PHYS 22d. ADDRESS 22c PHYSICIAN S NAME (Type) 23a. BURIAL, CREMATION, 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) usurvan REMINITION BY REGISTRAR 24 FUNERAL DIRECTOR ADDRESS

Page 4 may be retained by the haspital or attending director, page 3 should be detached for use should be filed with the State Dept. of Health O FUNERAL DIRECTOR: After this certificate VR A15 (4) 20 M 1/66

death

priar ta burial, crematian, ar remaval, and in any event, within 72 hours after

attending physician and campletely formit. Then please remave carban

permit.

burial-transit

ģ physician.

signed

hos been use as the

by the funeral Pages 1 and 2 and

papers. .⊆

executed within 24 hours after death

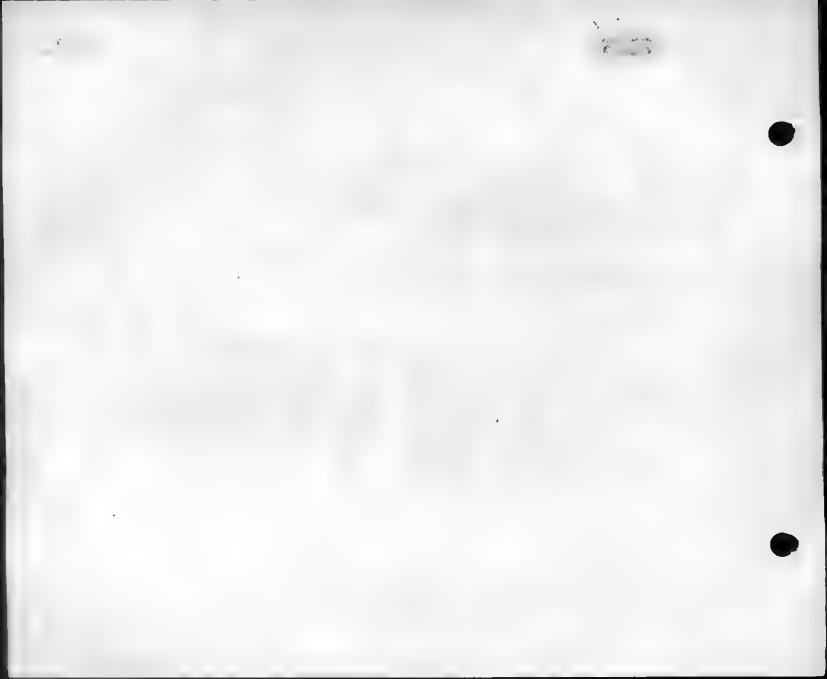


MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1 6			Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE, MARYLAND 21201
- ~	VI.		02455 CERTIFICATE OF DEATH	02412
ours after death by the funeral pages I and naurs after dea	5)		D. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased to STATE 3. TATE 3. TATE 3. TATE 3. TATE 4. TATE 4. TATE 4. TATE 5. TATE 6. TATE 7. TATE 7. TATE 7. TATE 8. TATE 9. TATE	b COUNTY
hours afte by the f s. Pages haurs afte	energy (l	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	mits, write RURAL and give neorest tawn)
rin 24 ho filled in papers. thin 72 ho	7		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 2/5 4. STREET ADDRESS	SICRO A T YES NO
cuted within 24 hc ompletely filled in ve carban papers. event, within 72 h			3. NAME OF DECEASED (Type or print) Buty By B Middle Last A. DATE OF DEATH	Manth Doy Year
executed with a completely emave carbor any event, wi		S		GE (n years FUNDER YEAR FUNDER 24 HRS. Ist birthday) Months Days Haurs Mun Yrs
ond in any		füa duri	10a USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign INDUSTRY Months)	12. CITIZEN OF WHAT COUNTRY?
		13	Avthory Wellesley Briscoe 7 AhAUA	Gold Foot
that the death certifica an. by the atteniing physitransit permit. Then ph crematian, or remayal,		S (Ye	S WAS DECEASED EVER IN 0'S ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, na, ar unknown) (If yes give war ar dates of service) 16 SOCIAL SECURITY NO. 17 INFORMANT	Address
iat the in the all nsit pe			IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
quires that ti physician signed by the burial-transit		П	DUE TO	
5, 5 9 5			rise to immediate cause (a), stating the underlying cause last.	
: The faw or attendin te has lleer use as th	p.co.	MOIL	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS A TOPSY PERFORMED? YES NO
for for for for	7	CERTIFICATION		
		MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. 19 20d. INJURY OCCURRED State of INJURY (Hame, form, factory, street, affice bldg, etc.) 20f. (C	ity ar tawn) (Caunty) (State)
ATTENDING stained by the CTOR: After a should be dith the State			21. I certify that (I) (this haspital) attended the deceased from, 19, to_saw the deceased alive an	, 19, that (I) (we) last
OR ATTEN be retained DIRECTOR: / ge 3 should led with the			22a SIGNATURE	22b. DATE SIGNED
	1		Chura In L Vain Rooy M.D. ATTENDING MED. DIRECTOR I	STAFF PHYS.
			22c. PHYSICIAN S NAME (Type)	
Page 4 may Page 4 may O FUNERAL directar, pa		230	and the second s	ION (City of Town) (County) (State)
5 5 5 P	R	24	REMOVAL (Specially 2/23/66 SUBWilson Has Pital Bot 24. FUNERAL DIRECTOR ADDRESS 250_ RECTO BY REGISTRAR	Les da-Nongonary Ma-
VR A15 (4) 20 M 1/66	Do	1		66 Milarley Judge



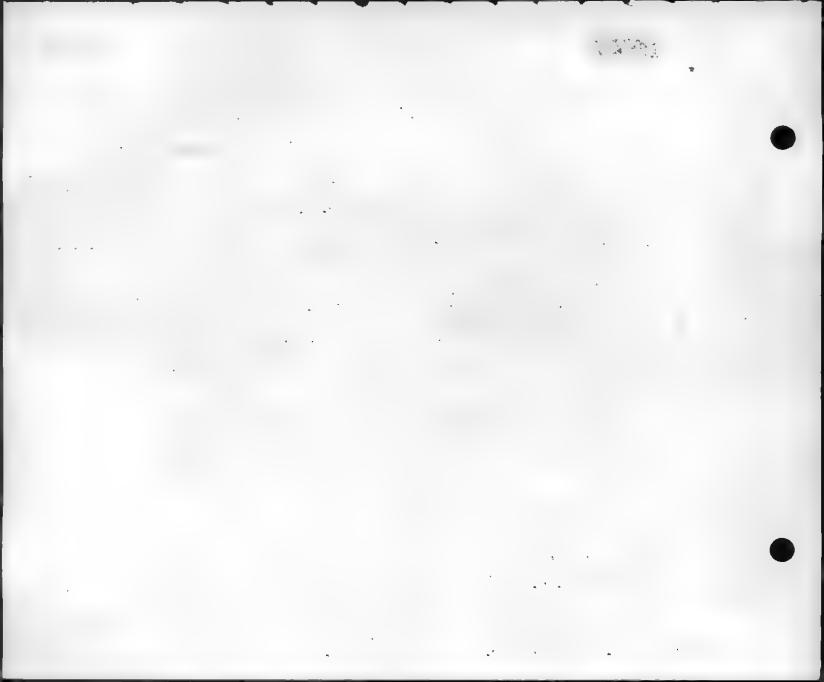
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH a. COUNTY CERTIFICATE OF DEATH Pages 1 and 2 urs after death. 24 hours after death USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE 0 MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ove carbon papers. Page y event, within 72 hours a write RURAL and give nearest town) ENSINGTO -d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 8. IS RESIDENCE ON A FARM? d. STREET ADDRESS NOL YES executed within 3. NAME OF Middle Last 4. DATE Month Day Year DECEASED OF ROOKS 19 (Type or print) DEATH AGE (In years of UNDER 1 YEAR last birthday) Months Days 5. SEX 6. COLOR OR RACE DATE OF BIRTH remove NEVER MARRIED Hours any and WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done physician physic 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT requires that the death certificate be most of working life, even if retired) COUNTRY? EACHE MOTHER'S MAIDEN NAMI the attending p it permit. The remot 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 0 Eth EL Sister (Yes, no, or,unkown) | (If yes give war or dates of service) 13 been signed by the atta the burial-transit permit for to burial, cremation, o INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH 1. DEATH WAS CAUSED BY: OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions. if any, which as the b DUE TO stating ENE 26 underlying cause last, TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as mhould be filled with the State Dept. of Health prior (c) CERTIFICATION PART II. OTHER SIGN-FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM INAL DISEASE CONDITION GIVEN IN PART 1(8) WAS AUTOPSY PERFORMED? EMORRHAGU EREBRAL YES T NO E 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 1) of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bidg., etc.) Hour a.m. While Not While at work at work 19 21. I certify that (I) (this hospital) attended the deceased from Dec. 19.66 that (I) (we) last and that death occurred at 5.30 PM, from the causes and on the date stated above. 19 66 saw the deceased alive on. DATE SIGNED 22a. SIGNATURE 22b, ATTENDING PHYS. MED Page 4 may b M.D. DIRECTOR 22c. PHYS CIAN'S 22d. ADDRESS NAME (Type) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BUR, AL, CREMATION, BERIAL (Specify) REGISTRAR'S SIGNATURE / FUNERAL DIRECTOR ADDRESS 25a. RÉC'D BY REGISTRAR 25b. VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and deat PLACE OF DEATH a. COUNTY 1. Pages 1 after lont comeru MARYLAND Mariland b. CITY OR TOWN (if outside corporate limits, C. LENCTH OF STAY IN 1b ve carbon papers. Pag event, within 72 hours write RURAL and give nearest town) hours Silver Spring .Ξ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS Holy Cross Hosnital Cantiol liew etely within completely 3. NAME DE First DATE Middie Last DECEASED (Type or print) rnest. DEATH Brown executed 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED and White any male 8 WIDOWED FOR DIVORCED [been signed by the attending physician, the burial-transit permit. Then please it to burial, cremation, or removal, and in the 10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) INDUSTRY c∎rtificate be etired interior decorator Decorating Forest Glen Marulana 13. FATHER'S NAME MOTHER'S MAIDEN NAME Edward Brown Cissel 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT deat (Yes, no, or unknown) (If yes give war or dates of service) 09 Νο None CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) **DUE TO** Cenditions, if any, which (b) gave rise to immediate as the prior to DUE TD cause (a), stating the r this certificate has be detached for use as the Dept. of Health prior underlying cause last. (c) CERTIFICATION for use Health PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) DIRECTOR: After that age 3 should be defined with the State D factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from. 195 ato. saw the deceased alive Dn. 22a. SICNATURE page ATTENDING MED. STAFF M.D. DIRECTOR may O HOSPITAL O FUNERAL PHYSICIAN'S 22d. ADDRESS director, p should be NAME (Type) Mardrop Page 23c. NAME OF CEMETERY OR CREMATDRY BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spec)fy) U11.2 FUNERAL DIRECTOR REC'D BY RECISTRAR I

USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Mont comeru c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) e. IS RESIDENCE DN A FARM? Huenne NO X Month Year Gebruary 66 19 ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months | Days Hours 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Address apital liew Avenue INTERVAL BETWEEN ONSET AND DEATH PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? YES T ND X DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) (County) (State) _ that (I) (we) last and that death occurred at 9/42 M. from the causes and on the date stated above. 22b. DATE SICNED LOCATION (City, town or county) Rockinille 25b. REGISTRAR'S SIGNATURE 1936

VR AI5 (4) 1/65

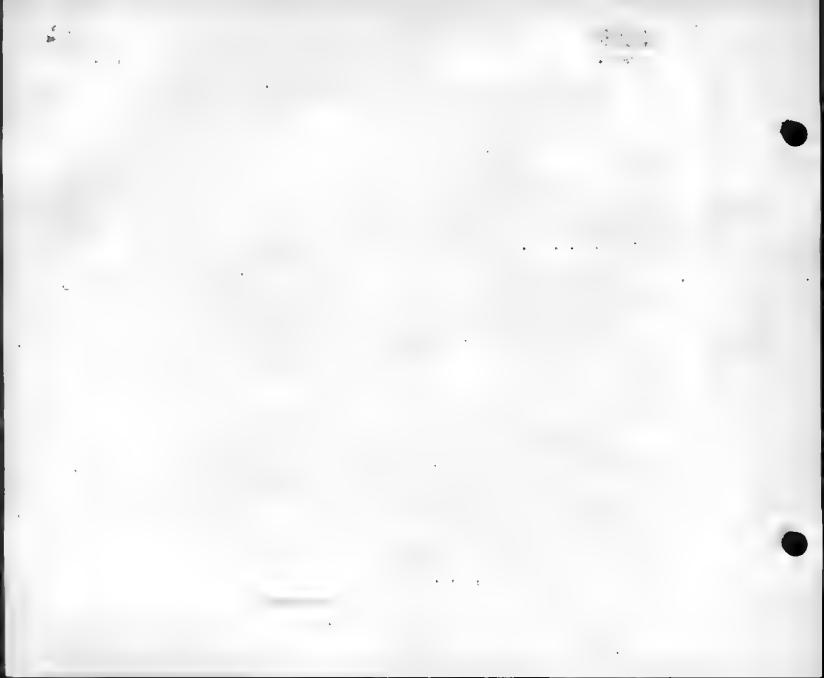


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residen a before edmission) e. COUNTY b. COUNTY Montgomery Montgomery Marvland MARYLAND b. CITY OR TOWN (if guiside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give negrest fown) ģ ě write RURAL and give nearest town) Hillandale Ē Hillandale filled i d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS IS RESIDENCE ON A FARM? 1766 Overlook Drive 1766 Overlook Drive YES NO pletely papers n 72 ho 3. NAME OF Middle DATE Month DECEASED 1966 DEATHFebruary (Type or print) Brown Eva Luella carbon pi 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months female WIDOWEDS DIVORCED [The law requires that the death certificate 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE [County & State, or foreign country] 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) U.S.A. Michigan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Limon D. Sabin Then plea Susan Daxter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) [lifyesgivewar or deter of service] has been signed by the burial-transit permit. I Luella Miles same as # 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH 5 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) cremation, affending Conditions, if any, which (b) gave rise to immediate cause **DUE TO** the bur burial, (e), steting the underlying the hospital or this certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11(a): 19, WAS AUTOPSY CERTIFICATION 10 A PERFORMED? 020 prior NO Z 20. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) for DIRECTOR: After this 3 should be detached f WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED I 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Not While ö el work et work 19.64 that (I) (we) last 196. and that death occurred at 4 saw the deceased alive on... the causes and on the date stated above 22e SIGNATURE DATE STAFF SIGNED O HOSPITAL death. Page 4 PHYS. DIRECTOR PHYS. M.D. filed with th 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) illiam 9006 Colesville 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) REMOVAL (Specify) る時間 cremation Crematory Prince Georges County Md. 250 REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Hines Co. VR A15 (4) Washington, D.C. 20M S-63

ARYLAND STATE DEPARTMENT OF HEALTH

L Vist ,

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH, DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY e. STATE Montgomery Prince Ceorge MARYLAND funeral may be c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b write RURAL end give neerest town) Ta ona Prk 35 minutes Landover lay is nec 3 to the Page 5 n d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? State hours Weshington Sanitorium and Hospital NO In 9123 Dunbar Avenue and 3. DATE NAME OF Middle Last 4. DECEASED OF DEATH (Type or print) Kellv Joseph AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdey) Months Days WIDOWEO . DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) Give COUNTRY? during most of working life, even if retired) Maryland Опо Policeman P.G. Co. 14. MOTHER'S MAIDEN NAME Ralph W Brown Cordelia C. Heffner 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. I (Yes, no. or unkown) (If yes nive war or dates of service) permit. I removal, Mary E Brown 578 42 7078 Landover, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Perforating run shot wound of ches 45 min-DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO ceuse (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES FV-NO F 20b. DESCRIBE HOW INJURY OCCURRED, (Enter neture of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH. Shot by assailant during attempt to serve a warrant. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) Month, Day, Year factory, street, office bldg., etc.) .G.Md Hour e.m. 199 66 While Not While at work Apartment building 2211 Univers 4:15p.mm inquiry , 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion the cert Inspection death resulted from: Natural causes Suicide Homicide x Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE Tor Ö DEPUTY MEDICAL EXAMINER X ohn Kehoe. EXAMINER'S director. retained Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OF THE STATE OF THE ST REMOVAL (Specify Arlington National Burial 23, 1966 Arlington Virginia REC'D BY REGISTRA 24. FUNERAL DIRECTOR F. Gasch's Sons VR A15ME Hyattsville, Md. 3500 4-64

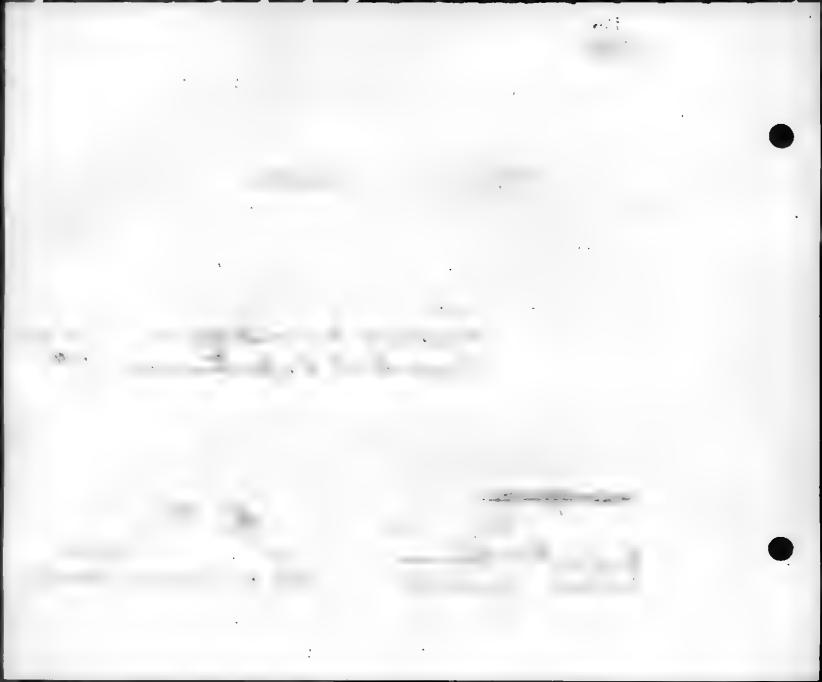


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after-death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exacuted within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 2DM 1/65

1	MARYLAND STATE DE DIVISION OF STATISTICAL RESEARCH AND RECORDS	PARTMENT OF HEALTH s, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
y .	02460 CERTIFICAT	E OF DEATH	02417
	1. PLACE OF DEATH 1 8. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution:	Residence before admission)
8	MONTGOMERY MARYLAND	II INICTALLO	YONT.
1	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RUR	L and give nearest town)
1	TAKOMA PARK 9hRS 25MIN		1 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
I	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) WASHINGTON SAN. 7 4050	BETHESDA	ON A FARM? YES NO NO
1	3. NAME OF First // Middle	D Last 14. DATE Month	Day Year
	(Type or print)	ORDUN DEATH	12 19 66
١	THEY EN MARKIED THEY EN MARKIED	last birthday) Months	R 1 YEAR IF UNDER 24 HRS.
	10a. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	9-6:14 5/yrs.	CITIZEN OF WHAT
ı	during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12.	COUNTRY?
ŀ	HOUSEWIFE -	14. MOTHER'S MAIDEN NAME.	U J IT
1	WILLIAM CAFRITZ	IDA ROSLOFSK	Υ
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SPCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address	
-	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	A 2	INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	homorrhage -	10 Clours
١	Cenditions, If any, which \ (b) Pagentia	O he has tension	1945
1	gave rise to Immediate cause (a), stating the DUE TO	1-4/	
1	underlying cause last. (c)		<u></u>
	S PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4	19. WAS AUTOPSY PERFORMED? YES NO X
	G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part i or Part ii of Item 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (Cory, street, office bidg., etc.)	ounty) (State)
1	21. I certify that (1) (this hospital) attended the deceased from	, 1955, to 2/12 , 19	66, that (I) (we) last
1	saw the deceased alive on 2//2 1966, and that	at death occurred at M, from the causes and on	
	22a. SIGNATURE	ATTENDING MED. STAFF 2	DATE SIRNED
	22c. THYSTCHAN'S M.I	D. PHYS. DIRECTOR PHYS.	1000
	HEXBERT Wechsler	1800 Eye St. N.W.	Work, D.C.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETER	Y DR CREMATORY 23d. LOCATION (City, town or c	county) (State)
	REMOVAL (Specify) 2-14-66 BNA! SRA	4 EZ (EM) (XON H/LL)	P'S SIGNATURE
1	4217-0th	the FED COL	4 0
3	Hacavery Tuneral Home	17.W. DATEL B 15 1956 Julian	in Jupas

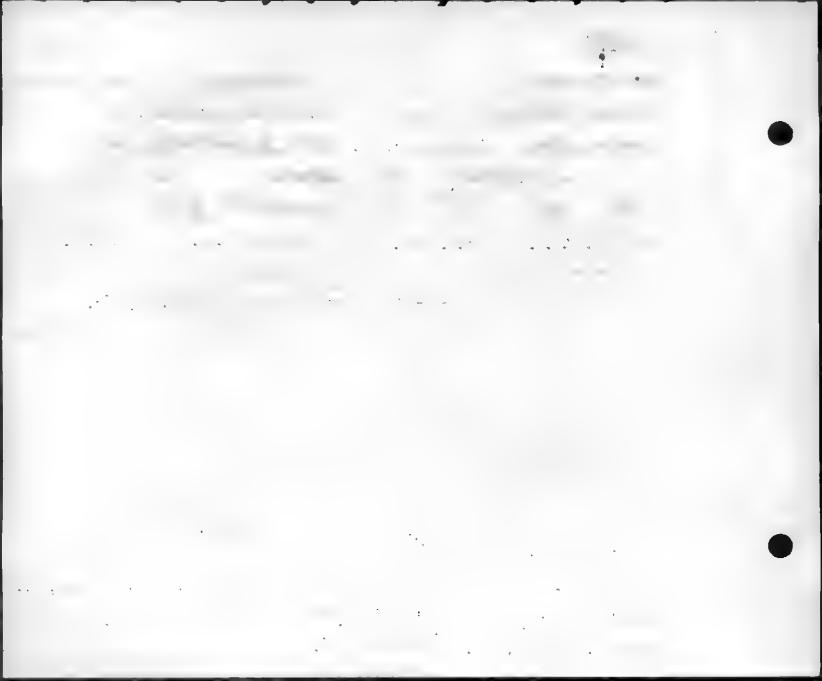


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physbian and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then pleame remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. and 2 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	ONZUK	OLKIII IOAIL OI	DEATH	116.310
1.	PLACE OF DEATH a. COUNTY	į 2. U	SUAL RESIDENCE (Where deceased lived, If In	
1/	MONTGOMEK	MARYLAND 8.	BIATE AR WIRKIN b. COU	MONTAMERY
	b. CITY OR TOWN (if outside c write RURAL and give near		Y OR TOWN (If outside corporate limits, wi	rite RURAL and give nearest town
	SILVER SPK	1106 4 days 0	ILUER SPRING	g = i
	d. NAME OF HOSPITAL OR INST	ITUTION (if not in hospital, give street address) d. ST	REET ADDRESS	0. IS RESIDENCE ON A FARM?
_	HOLY CROS	5 Silver Spring, Md. 10	19 S. LAWRENCE	DR, YES NO X
3.	DECEASED	First Middle	Last 4. DATE Mont	th Day Year
-	(Type or print) SEX 6, COLOR OR	SEPH TAUL BR	FOF BIRTH 29. AGE (Inveges	TIFUNDER 1 YEAR UF UNDER 24 HRS.
3.	SEA B. COLOR OR	RACE 7. MARRIED NEVER MARRIED 8. DATE	E OF BIRTH 9. AGE (in years last birthday)	
10	a. USUAL OCCUPATION (Give kind o	WIDOWED DIVORCED fworkdone 10b. KIND OF BUSINESS OR 11. 6	STRTHPLACE (County & State, or foreign country	y) 12. CITIZEN OF WHAT
du	ring most of working life, even li	retired) INDUSTRY		COUNTRY?
13	niet Hame J.C.H.		Shington, D. C. MOTHER'S MAIDEN NAME	u. S. A.
M	artin Browne		dary Honley	
1:	5. WAS DECEASED EVER IN U.S. AR	MED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM	AANT 400 A Addre	255 0
	es, no, or unkown) (If yes give war o	dates of service) 217-42-8429 Dorath	y Browne Silver Spri	ng. Md.
30		nly one cause per line for (a), (b), and (c).]	1 1	INTERVAL BETWEEN
	PART I. DEATH WAS CAUS	ED BY: O D	ame I leave	ONSET AND DEATH
	163X MMEDIATE	DUE TO		
	Conditions, If any, which	(b)	0	
	gave rise to immediate { cause (a), stating the	DUE TO		
	underlying cause last.	(c)		
10IT	PARTII. OTHER SIGNIFICANT CO	NOTITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
FIG				YES NO Z
CERTIFICATION	20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING (CAUSE (IF EITHER, NOTIFY MEDICAL	NG [] F DEATH EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 o	of Item 18.)
MEDICAL	20c. TIME OF INJURY Month	factory stran	NJURY (Home, farm, 20f. (City or town)	(County) (State)
MED	Hour a.m. p.m.	19 While Not While at work at work	1,000	
	21. I certify that (!) (thi	s hospital) attended the deceased from	1954, to 1 Fel	, 19, that (I) (we)-last
	saw the deceased alive	on 16 feb 1966, and that death	occurred at LLC Mafrom the causes	and on the date stated above.
	22a. SIGNATURE	ATT!	ENDING MED. STAFF	22b. DATE SIGNED
	22c. PHYSICIAN'S	M.D. PHY	S. DIRECTOR PHYS. L	176/166
Ш	Walliam D. A.		006 Colsville Rd., Si	Luca Spains Md
23		DATE THEREOE 1 22c NAME OF CEMETERY OF CRI	FMATORY 1 23d, LOCATION (City, 1)	own or county) (State)
	REMOVAL (Specify) Rurial Geb	21 1966 Arlington Nationa	L Conston a	1.
2	. FUNERAL DIRECTOR	pf/wha) 8434 Denes argia Ave.	25a. REC'D BY REGISTRAR 256. R	EGISTRAN'S SIGNATURE
	Warner E. Pumph	rey Inc. Silver Spring. Md.		lianly Judge

VR A15 (4) 20M 1/65



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove-carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather. THE MESPITAL OR ATTENDED SPANSION. The law requires that the death certificate Le executed within 24 hours offer Leath. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	02462	CERTIFICAT	E OF DEATH	02419		
1.	PLACE OF DEATH a. COUNTY	a et and d		I, If institution: Residence before admission)		
	MONTGOM	MARTLAND	mary/and	Marinop From		
	b. CITY OR TOWN (if outside corporate limi write RURAL and give neares; town)	ts, c. KENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate lim	ilts, write RURAL and give nearest town)		
	TAKOMA PARK d. NAME OF HOSPITAL OR INSTITUTION (IF IT	ant in hornital, while street address.	d. STREET ADDRESS	0. IS RESIDENCE		
10	lational Santon	· a Vlasado	216 LEIGHTON AN	SALLE YES NO DE		
3.	NAME OF FIRST	Middle O	Last U.A. DATE 4	Month Day Year		
		4D LEON B	UCKLEY DEATH TEL	19 60 6		
5.	n 418 11.11 11.12	WILLER WARKIES	last birt	years IF UNDER 1 YEAR IF UNDER 24 HRS. thday) Months Oays Hours Min.		
10a	LUSUAL OCCUPATION (Give kind of work done i	10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or fereign	country) 12, CITIZEN OF WHAT		
dur	ing most of working life, even if retired)	INDUSTRY -	Y //	GOUNTRY? U.S.A.		
13.	FATHER'S NAME	- IRAWII	14. MOTHER'S MAIDEN NAME			
	Rus H Bu	etley	Ellen Wilks	A		
	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give war or dates of service		INFORMANT A	Address		
	NO NONE	5/8-10-34/7	charl	A INTERNAL DETAILED		
	18. CAUSE OF DEATH [Enter only one cause PART J. OEATH WAS CAUSED BY:	e pectine for (a)/ (b), and (c).]	almord forces	INTERVAL BETWEEN ONSET AND DEATH		
	7 7 / IMMEDIATE CAUSE (a)	Due was	and the same			
	Conditions, if any, which } DUE TO	Kupfured	Cerebral and	erysu		
	gave rise to immediate (cause (a), stating the OUE TO					
NO	underlying cause last. (c)	MANUAL DE LA CONTRACTOR	TO TO THE TENNING STATE OF THE	VEN IN PART 1(a) 119. WAS AUTOPSY		
	PARTITION HER SIGNIFICANT CONDITIONS CO	MINIBULING TO ULAIH BUTNOT RELA	ITED TO THE TERMINAL DISEASE CONDITION GI	VEN IN PART 1(8) PERFORMEO? YES NO NO		
CERTIFICAT	20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU	IRREO. (Enter nature of Injury In Part I or Pa	art II of Item 18.)		
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	20d. INJURY OCCURRED 120e. PLA	CE OF INJURY (Home, farm, 20f. (City or to	own) (County) (State)		
MEDICAL	Hour a.m.	While Not While facto	ry, street, office bldg., etc.)	(overs)		
≥	21. I certify that (I) (thie hospital)		2/4 1966 102/	19 (c), that (I) (we) Tast		
	saw the deceased alive on $\frac{2}{8}$		t death occurred at 4:00pM, from the c	auses and on the date stated above.		
	22a. SIGNATURE/1 CN/OS	when	ATTENOING MED. STAFF	22b. DATE SIGNED		
	22c. PHYSICIAN'S	M.C). PHYS. OIRECTOR PHYS. 22d. AODRESS			
	NAME (Type) P. A. MENU	LLS OHN	1013 5/RING ST	T. SILVER SPAINGHD		
23a	BURIAL, CREMATION, 23b. OATE THERE	OF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)		
24	24. FUNERAL DIRECTOR ADDRESS A 256. REGISTRAR'S SIGNATURE					
4	WW.CHAMBERS CO	SILVER SPRI	NG 40 DATE B 1 4 1986	" "love a Judal"		

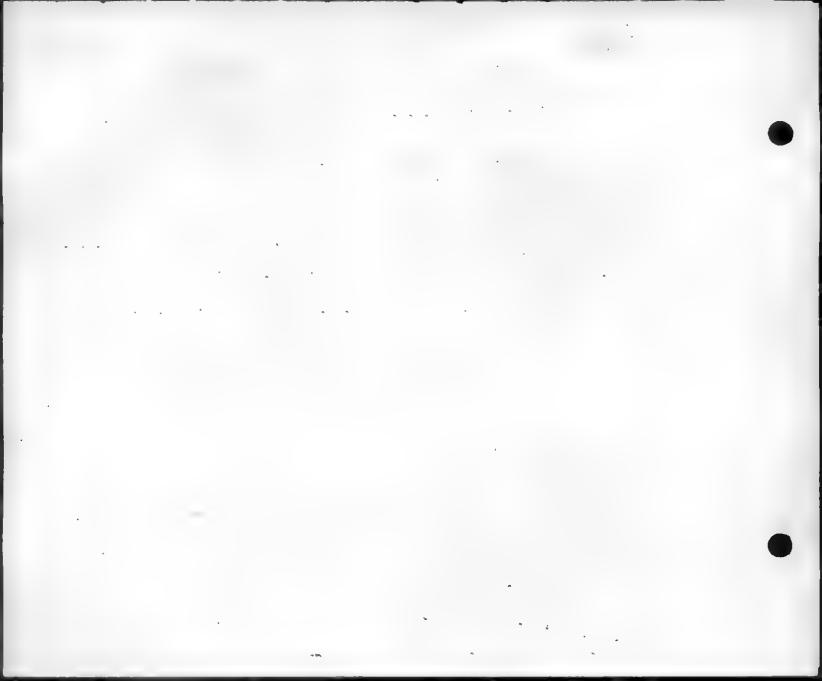
VR AI5 (4) 20M 1/65



CERTIFICATE OF DEATH and USUAL RESIDENCE (Where deceased lived, If institution, Pasidence before admission)
a. STATE Mary Land b. COUNTY PLACE DF DEATH Montgomery Pages 1 MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b Switte-RURAL and give nearest town) Md. carbon papers. Pag int, within 72 hours hours filled in e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if no Lin hospital, give street address) ON A FARM? No C completely DATE NAME DE DECEASED OF event, 19 (Type or print) DEATH AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Months | Days | Hours | Min. 6. COLOR OR RACE 7. MARRIED T **NEVER MARRIED** WIDOWED DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) industry 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Doulestown. etired credit manager inoduear. certificafe 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending | Louis 9. Buehl Mary E. Snyder 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. d by the attenctransit permit. deather Court. 3706 (Yes, no, or unkown) (If yes give war or dates of service) death Melville lexandria INTERVAL BETWEEN has been signed by the e as the burial-transit p h prior to burial, crematin 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). COROWART e law requires t attending phys HENRY DISEASE Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. WAS AUTOPSY : After this certificate had all be detached for use a he State Dept. of Health pr PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICAT YES ND X ZDa ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) CAL 2Dd. INJURY OCCURRED 120e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While at work MED While at work DIRECTOR: Al age 3 should iled with the S 21. I certify that (I) (this hospital) attended the deceased from 19 . and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on ... 22a. SIGNATURE O DATE SIGNED 22b. Page 4 may be TO FUNERAL DIRE director, page 3 should be filed w þ ATTENDING STAFF DIRECTOR ADDRESS 22d. 22c. PHYSICIAN'S Washington Clinic 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 1966 Cemetery Silver 25a. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR DATE F VR A15 (4)

20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before admission) Montgomery hours a STATE **b.** COUNTY N MARYLAND b. CITY OR TOWN (if outside corporele limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town! 24 Kensington Washington, D.C. e T Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS Kensington Gardens 923 Kennedy St. N.W Sanitarium papers. n 72 ho NAME OF 4. DATE Middle inst DECEASED (Type or print) DEATHFebruary Burns Pauline Thomason carbon withi 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthdey) female WIDOWED T DIVORCED white 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) done during most of working life, even if retired) Retired school teacher Illinois please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emil M. Thomasson Catherine Walstedt Then 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT removal (Yes, no, or unkown) | (Ifyesgivewerordelasofservice) Home Redords -00-I permit. 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c) ۾ PART I. DEATH WAS CAUSED BY 5 has been signed e buriat-tr∎nsit pe IMMEDIATE CAUSE (e) 2040 DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting the underlying causa last. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERT.FICATION hospital 50 050 prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Itam 18.) After this ce Health detached MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, ! 20f. (City or lown) fectory, street, office bldg., etc.) While Not While Hour e.m. ŏ al work | et work DIRECTOR 21. | certify that (i) (this hospitel) attended the deceased from 196.5 to 196.5 to 196.5 that (i) (we) last State saw the deceased alive on the 22a. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. M.D. HOSPITAL FUNERAL page with ± 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Seruch Kimble filed v 23a, BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) O TO National Cen. Ft. Myer. REGD BY REGISTRAR 256. REGISTRAR'S SIGNATURE EB 16 1966 " Legaller Jud ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE The S.H. Hines Co.

ARYLAND STATE DEPARTMENT OF HEALTH

a. IS RESIDENCE

YES NO

1966

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

6 morths

PERFORMED? NO A

(Stota)

22h. DATE

SIGNED

12. CITIZEN OF WHAT COUNTRY?

Months

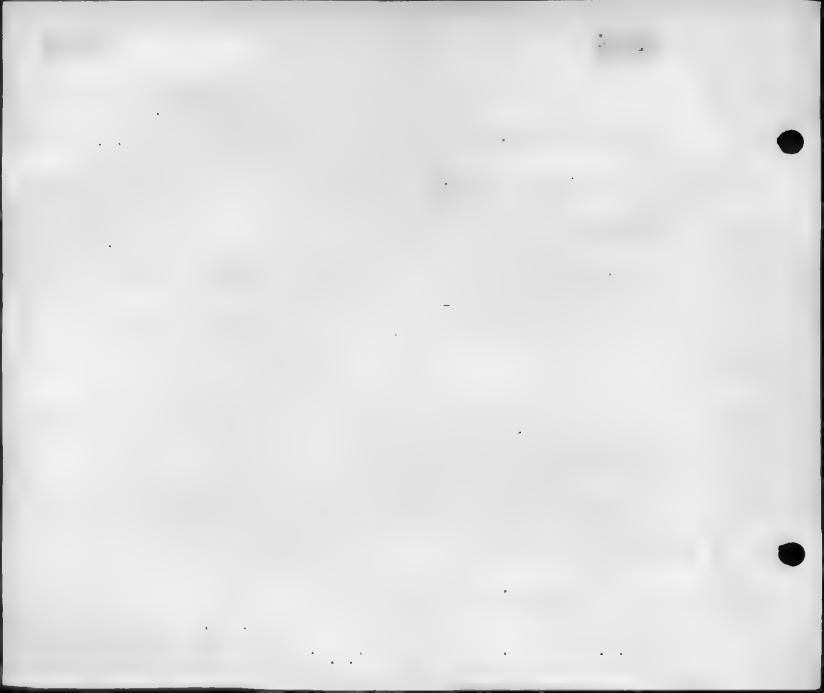
U.S.A.

(County)

Year

ON A FARM?

VR A15 (4) 20M 5-63



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician at completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEAL	TH
DIVISION OF STATISTICAL	L RESEARCH AND RECORDS, 301 W. PRESTON STRE	ET, BALTIMORE 1, MARYLAND
02465	CERTIFICATE OF DEATH	02422
06200	CERTIFICATE OF BEATTI	(1 to X a)

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)				
Montgomery Maryland	a. STATE Maryland b. COUNTY Montgomery				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
Bethesda	Bethesda / - /				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?				
8313 Old Georgetown Road	8313 Old Georgetown Road YES NOX				
3. NAME DF First Middle DECEASED	IPPUSS To Death Feb. 21, Day Year				
(Type or print) AUBREY LEWIS BY	JEROBB ST 6				
* WANTED WEART WANTED	Jast birthday) Months Days Hours Min.				
Male White WIDOWED DIVORCED DI	11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT				
during most of working life, even if retired) INDUSTRY	COUNTRY?				
Apprentice-Electrician Electrical	Richmond, Virginia U. S.				
Aubrey L. Burruss, Sr.	Katharine Elizabeth Toms				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Mother Address				
(Var. no. no embourn) (If you nive you deltar of coming)	atharine E. Toms Same as Item 2.				
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN DNSET AND DEATH				
PART I. DEATH WAS CAUSED BY: METALTATIC	CARCINOMA BUTH & MONTH				
163 X DUE TO					
Conditions, if any, which gave rise to immediate (b)	, vc,				
cause (a), stating the DUE TO					
underlying cause last. (c)	ATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	PERFORMED?				
20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCC	VERED. (Enter nature of injury in Part I or Part II of Item 18.)				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ORRED. (Eliter Hatare of Injury III Fart For Fart For Roll 20)				
12 tart	ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) ory, street, office bidg., etc.)				
Hour a.m. p.m. 19 While Not While at work at work	/ /				
21. I certify that (I) (this hospital) attended the deceased from	12/29, 1963, to 2/2/, 1966, that (1) (we) last				
	it death occurred at A M, from the causes and on the date stated above.				
22a. SIGNATURE M.	D. PHYS. MED. STAFF 22b. DATE SIGNED 2-21-66				
22c. PHYSICIAN'S NAME (Type) LEO I. DONOVAN	8218 Wisconsin Ave., Betherda. Md.				
REMOVAL (Specify)	Natl Cemetery Arlington, Virginia				
24. FUNERAL DIRECTOR ADDRESS	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
ROBERT A. PUMPHREY Bethesda, Mar	ROBERT A. PUMPHREY Bethesda, Maryland DAFEEB 24 1966 Scharles Judge				

VR A15 (4) 15M 4-64



The Femilian Completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, move carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after death. TO MESHIME OF ATTENDING MAYSKAM. The law mequirm that the Death certificate be exmutind within 24 hours after duath.

Page 4 may be retained by the hispital or aftending physician.

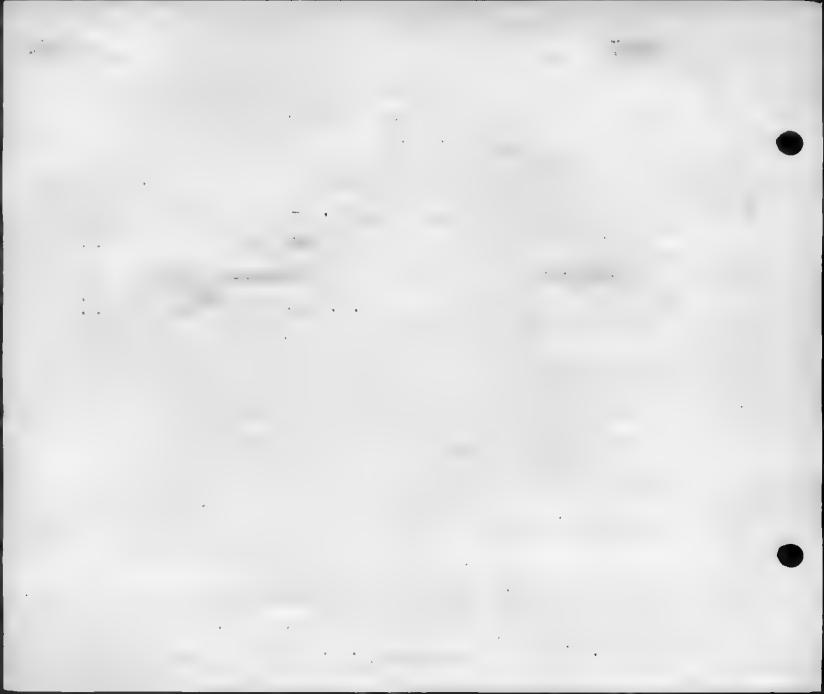
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	02466	CERTIFICAT	E OF DEATH		02423
ĥ	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where de		esidence before admission)
X.	Montgomery	MARYLANO	a. STATE Md	b. county non go	mery
ı	b. CITY OR JOWN (if outside corporate lin write RURAL and give nearest town)	mits, c. LENCTH OF STAY IN 1b	C. CITY OR TOWN (If outside co	rporate limits, write RVIAL	and give nearest town)
-	SILVER SPRING	0,1407	Silver Si	RING	e. IS RESIDENCE
1	d. NAME OF HOSPITAL OR INSTITUTION (II	not in nospital, give street address)	d. STREET AOORESS	100	ON A FARM?
	3. NAME OF First	405p	Last 4. ONE	to the	Oay Year
ı	((ype or print)	Anthony C	OE/		19 19 66
-			8. OATE OF BIRTH 9	. ACE (In years IF UNOER :	1 YEAR IF UNDER 24 HRS.
1	11 11		Aug. 21, 1894	last birthday) Months	Oays Hours Min.
ľ	10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired)	L	11. BIRTHPLACE (County & State	e, or foreign country) 12. Cl	TIZEN OF WHAT
ı	Inemalo CIA. 1-X	INGOSTRI	TEXXXSYLL A	_	LIS'A,
ı	13. FATHER'S NAME		14. MOTHER'S MATOEN NAME		
	Edward W. Cameron		Agner B. Henden		
ı	15. WAS DECEASED EVER IN U.S. ARMED FORCE: (Yes, no, or unkown) (If yes give war or dates of serv	rice)	INFORMANT	1109 Cadding	ton Ave.
-	No		rs. Marie J. Ben	Silver Spring	Md I INTERVAL BETWEEN
ı	18. CAUSE OF DEATH (Enter only one can PART I, DEATH WAS CAUSED BY:	use per line for (a), (b), and (c).	-la	/	ONSET AND DEATH
1	33/X IMMEDIATE CAUSE (a)_	Carrier Car	Jupara	my	10.00 Mg
1	Conditions, If any, which (b)			,	
۱	gave rise to immediate (cause (a), stating the OUE TO				
	underlying cause last. (c)				
	PART II. OTHER SCHIFTCANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELI	ATEO TO THE TERMINAL DISEASE CO	NOITION GIVEN IN PART 1(a)	19, WAS AUTOPSY PERFORMEO?
	202 ACCUPING WAS UNION WINE	20b. DESCRIBE HOW INJURY OCCU	IDDEO /Fator nature of inducy in	Part I or Part II of Item 19	YES NO W
1	PART II. OTHER SCHIFTGANT CONDITIONS OF THE CONDITIONS OF T		JKKEO. (Entet hature of injuty in i	aft tot ratt it of item 10.)
1	3 20c. TIME OF INJURY Month, Oay, Year	r 20d. INJURY OCCURRED 20e. PLA		(City or town) (Cou	nty) (State)
1	Hour a.m.	While Not While at work	ory, street, office bldg., etc.)		
١	21. 1 certify that (I) (this hospital		Let 13, 1966, to	Feb 19 196	6, that (I) (we) last
1	saw the deceased alive on		t death occurred at A. P.M., f	rom the causes and on th	he date stated above.
1	228. SIGNATURE	DAH	ATTENOING MED.	STAFF 22b. 0/	ATE SICNEO
	22c PHYSICIAN'S	M.C	D. PHYS. W OIRECTOR	PHYS. 1 700	-17, 1.766_
	NAME (Type) DONALD W. 1	DATLOW, M.D.		Blvd.,W.,Silv	er Spg.,Md.
	23a. BURIAL, GREMATION, 23b. OATE THER	REOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. L	OCATION (City, town or cou	inty) (State)
	Burial Jeb 22	1966 St. Patrick			sylvania_
	24. FUNERAL OIRECTOR Homes	8434 GEORGIA Ave	25a. REC'O BY REC		S SICNATURE
-	Warner E. Pumphrey, y	nc Silver Spring.	Md. OAFE B 23	1955 Musica	in Judge

VR #15 (4) 20M 1/65

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH should by the funer i and 2 shou we death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before **b.** COUNTY Montgomeru Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give negrest town) filled in b Pages 1 Bethesda uears Rockville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) e. IS RESIDENCE ON A FARME 1411 Rockville Pike Manor Sanitarium Congressional carbon papers. YES NO 3. NAME OF 4. DATE Month Dev Ynnz DECEASED OF (Type or print) 19 66 DEATH Boule Maru Feb amnbell 6. COLOR OR RACE 7, MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) yrs. Months Female WIDOWED F DIVORCED [physiciam remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or loreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Housewile Kentucky please S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME St. John Boyle Anna McKinley Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT or removal, (Yes, no, or unkown) | (Ilyesgivewerordetesofservice) permit. r attending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). KTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, **burial-transit** DUE TO Conditions, if eny, which geve rise to immediate cause **DUE TO** (e), steting the underlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY SE ٥ CERTIFICATION PERFORMED? 950 prior NO X 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH detached for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of item 18.) After this of Health MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, farm,) Month, Day, Year 20f, (City or town) (State) factory, street, office bldg., etc.) While Not While DIRECTOR et work et work p.m. 2 21. I certify that (I) (this hospital) attended the deceased from...... Ø. r. I. ⊃......, 1966., that (I) (we) last plnous 19.6. and that death occurred at A. M. from the causes and on the date stated above. saw the deceased alive on... TO FUNERAL DII
director, page 3 st
be filed with the S DATE 22a SIGNATURE ATTENDING MED. HOSPITAL death. Page 4 O FUNERAL DIRECTOR PHYS. 22d. ADDRESS 226. PHYSICIAN'S NAME (Type) Joseph Watson 23e. BURFAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) [Stele] Removal (Specify) St. Louis. Missouri Bellefontaine Cem. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Hines Co VR A15 (4) 20M 5-63

ARYLAND STATE DEPARTMENT OF HEALTH

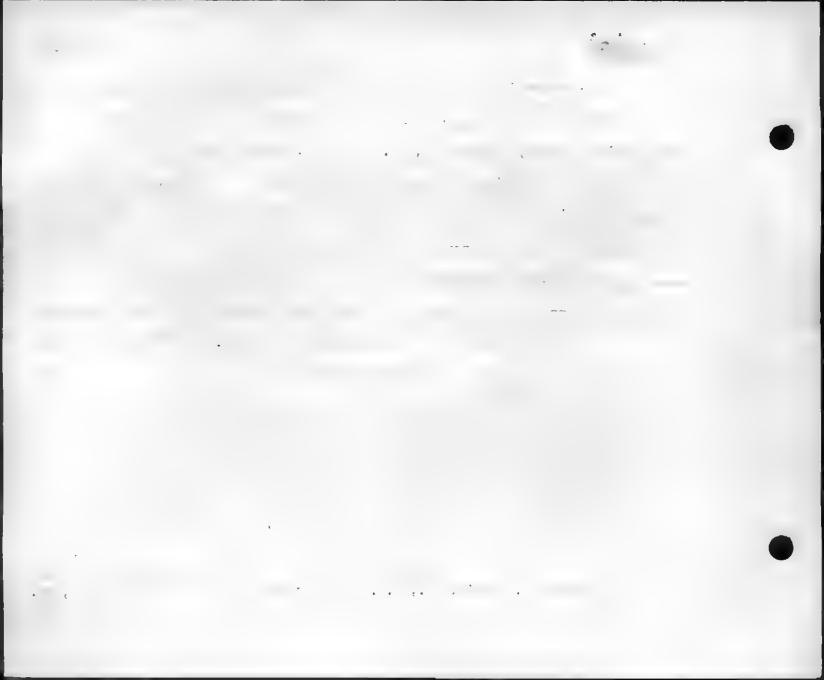


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaths. o within 24 hours after death. £2 154 TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the leath cert cale Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	02458		CERTIFICAT	E OF DEATH		02425
1,	PEAGE OF DEATH a. COUNTY				(Where deceased lived, if Institution	Residence before admission)
	Mont	gomery	MARYLAND	a. STATE Mary	land b. COUNTY	ince Georges_
	b. CITY OR TOWN (if outside write RURAL and give no	corporate limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	itside corporate limits, write RUR	AL and give nearest town)
	Bethesda		22 Days	Bowie		,
	d. NAME OF HOSPITAL OR IN	STITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS		B. IS RESIDENCE ON A FARM?
I	ne Clinical Cen			3102 Shiel		YES NOXX
3.	NAME OF DECEASED	First	Middle		4. DATE Month	Day Year
5.	(Type or print) SEX 6, COLOR (William OR RACE 7. MARRIED	Ernest NEVER MARRIED A	Campbell	19. AGE (In years I F UND	6 1966 ER 1 YEAR JIF UNDER 24 HRS.
		lui politea	= = 1		last birthday) Months	Days Hours Min.
102	in USUAL OCCUPATION (GIVE KIN	d of work done . 10b. K	IND OF BUSINESS OR	26 September	nty & State, or foreign country) 12.	CITIZEN OF WHAT
aur	Ing most of working life, ever) If retired)	NOUSTRY	Wiscon	nein	USA
13.	FATHER'S NAME		<u> </u>	14. MOTHER'S MAIDEN		UDA
	Ch	arles Campb	ell	Mary	Skarakis	
15 (Ye	. WAS DECEASED EVER IN U.S., is, no, or unknown) (If yes give wa	ARMED FORCES? 16.			iedical Record	
	No	,	None Th		enter. Bethesda 1	4. Maryland
	18. CAUSE OF DEATH [Ente					INTERVAL BETWEEN ONSET AND DEATH
	PART I. OEATH WAS CA	E CAUSE (a) Pseu	domonas mening	itis and meni	ngeal leukemia	3_weeks
	* / -	DUE TO				
	Conditions, if any, which gave rise to immediate		e lymphocytic	leukemia		3½ years
	cause (a), stating the underlying cause last.	OUE TO				
NOI		(c)CONDITIONS CONTRIBU	UTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DIS	BEASE CONDITION GIVEN IN PART 1	a) 19. WAS AUTOPSY
CERTIFICATION						PERFORMED?
RTIF	20a. ACCIDENT WAS UNDER	LYING 20b.	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of In	njury in Part I or Part II of Item	18.)
	OR CONTRIBUTING CAUS	L EXAMINER)				
MEDICAL	20c. TIME OF INJURY Mor Hour a.m.		facto	CE OF INJURY (Home, farm		county) (State)
MED	p.m.	19 While	k at work			
					66, to 6 February19	
	saw the deceased alive	e on 6 Februar	y 19 66, and tha	t death occurred av	M, from the causes and or	the date stated above.
		1 /2 0 .	0	ATTENDING ME		ebruary 1966
	22c. PHYSICIAN'S	1. 10 ballion	M.I.		Clinical Center	National
	NAME (Type) Herm	an A. Godwi	n. Jr., M.D.		Of Health, Bethe	
238	BURIAL, CREMATION, 23b		23c, NAME OF CEMETER	OR CREMATORY	23d. LOCATION (City, town or	
C	ITIZM ATTON	-8-1966	Host Fines	oln Com.	Bladensburg	Marykand
24	FUNERAL DIRECTOR	liens Pan	ADDRESS	(NV 3 /		AR'S SIGNAPURE
1	The state of	000	V mursull.	MIS DATE B	10 1966 2004	les Judge

VR A15 (4) 15M 4-64



fumeral and 2 death. death, and after the Pages hours hours ≡ bon papers. within 72 hc filled etely D011 remove carb allid ease re and in an physici ā removal, ding ph Then the mttem t permit. 6 d≣ath cremation, burial-transit burial, cremat þ signed the but as th has d be detached for use State Dept. of Health n for use Health hospital should be Launed DIRECTOR: age 3 should lied with the pe page тау ROSPITELL FUNERAL director, p should be

3.

MEDICAL

BURIAL, CREMATION, 23b. DATE THEREOF

REMOVAL (Specify)

Burial-transi 24. FUNERAL DIRECTOR ROBERT A.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY b. COUNTY MONTGOMERY RYLAND DN TGO MERY MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town MONTHS OCK UILL THESDA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? INDAL ND Z YES NAME DE Middle Last DATE Month Day Year DECEASED (Type or print) DEATH 19 66 AGE (In years | IF UNDER 1 YEAR HE UNDER 24 HRS. SEX 6. COLDR DR RACE DATE OF BIRTH 7. MARRIED [8. 9. NEVER MARRIED last birthday) Months I Hours Days June WIDDWED I IDa. USUAL OCCUPATION (Give kind of work done i 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) CDUNTRY? Illinois House wite U. S. MOTHER'S MAIDEN NAME Matej Drije (Unknown) Anna 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes give war or dates of service) 17. INFORMANT Address Son Same as Item 2. No Leslie J. Capek Unknown CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES [ND 🔀 20a. ACCIDENT WAS UNDERLYING DESCRIPTION OF CONTRIBUTING DEAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 1) of Item 18.) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e, PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. at work 21. I-certify that (I) (this hospital) attended the deceased from L. and that death occurred at a M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. ADDRESS 4709 PHYSICIAN'S 22c. Montgomery NAME (Type) Bethesda, Maryland

NAME OF CEMETERY OR CREMATORY

Maryland

Cemetery

Bohemian

Bethesda,

ADDRESS

23d. LOCATION (City, town or county)

25b.

REGISTRAR'S SIGNATURE

Chicago

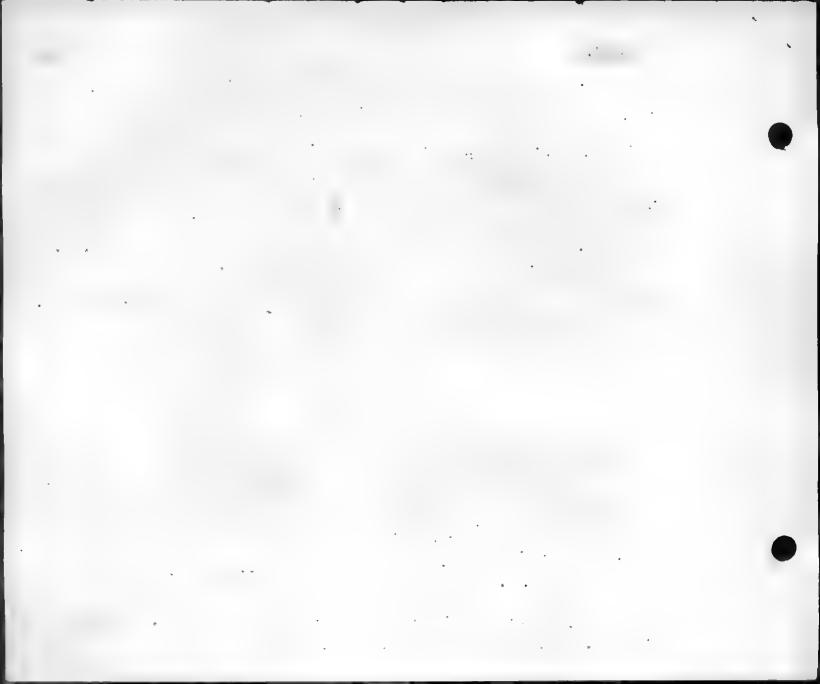
REC'D BY REGISTRAR

(State)

VR A15 (4) 20M 1/65

9

Page

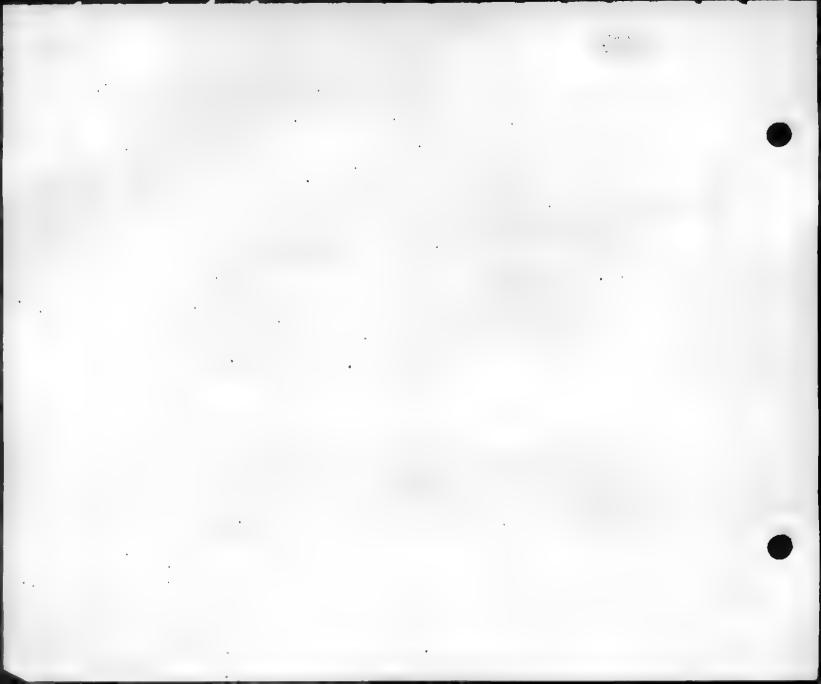


TO NUMBITAL ON ATTEMBING RHYMICIAM The law ringuires that the death certificate be exacuted within 24 Bour after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and empletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please centre carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any vent, within 72 hours after death MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	U244U		CERTIFICA	ATE OF DEA	TH		11/621	
1,	PLACE OF DEATH a. COUNTY				ENCE (Where deceased lived,		esidence before ad	mission)
			548DV3 441	a. STATE	/ /	COUNTY		
-	b. CITY OR TOWN (if outside co write RUPA) and give neares	rperate Ilmits,	MARYLAN c. LENGTH OF STAY IN	1b c. CITY OR TOW	(If outside corporate limi	monta ts, write RURAL	and give neares	t town)
	write RUDAL and give neare:	st fown)	04	- 9		0	. 0,	•
-	d. NAME OF HOSPITAL OR INSTI	e.K	enital give etreet edde	essi d. STREET ADDRI	er Opring		e, IS RES	IDENCÉ
	()		Aspital, give street additi	d. SINCE FROM	110	21	ON A F	ARM?
	Washington	Dan. nd	Hespita	9310	Colesville	Kd.		NO
3.	NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day Yea	r
	(Type or print)	Herman	Cana) Corte	P DEATH	cb.	15 19	
5.	SEX 6. COLOR OR 1	RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in y	and the same of th	YEAR IF UNDER	24 HRS.
_/	male whit	WIDOWED	DIVORCED [] 3-10-	30 04	rs.	Days Hours	IAIAhra
10:	a. USUAL OCCUPATION (Give kind of ring most of working life, even if	work done 10b. K	IND OF BUSINESS OR	11. BIRT HPLACE	County & State, or foreign c	country) 12. Cl	TIZEN OF WHAT	
"	Rediced	57		- se Riv	Craa		. 15.A.	
13	. FATHER'S NAME	10//	San Jaise St II	14. MOTHER'S	MAIDEN NAME	1		
	Ha 1 1	2622			1:114			
	S. WAS DECEASED EVER IN U.S. ARM		SOCIAL SECURITY NO.	17. INFORMANT	1100	Address		
	es, no, or wikown) (If yes pive war or	dates of service)	14-17-6761	1,1,1,1		0 ,	Tev.	s sul
-			7-0/2/30	Wishington	Jan Y Hesp	Curreds -	INTERVAL BET	TWEEN.
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE		ne for (a), (b), and (c).]	. Way 1	1 alline		ONSET AND C	HEATH
	IMMEDIATE C	AUSE (a)	Merin	E Mear 1	parente		101Mm	TULA
	+ 1	DUE TO /1	NITOLI GUL	activin Cur	DIAR INTALA	to	3- Uc	12.
	Cenditions, if any, which	(b)	me run a 1	och mil mi	and office.		07/	* 7.3
	gave rise to immediate (DUE TO						
	underlying cause last.	(c)						
ĮŠ.	PART II. OTHER SIGNIFICANT CON	NOTIONS CONTRIBU	TING TO DEATH BUT NOT	RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	EN IN PART 1(a)	19. WAS AU PERFOR	
CAT								NO 🗍
CERTIFICATION	20a. ACCIDENT WAS UNDERLYI	NG 🗍 20b. I	ESCRIBE HOW INJURY	OCCURRED. (Enter natur	e of Injury in Part I or Par	rt II of Item 18.)	
CER	OR CONTRIBUTING CAUSE OF CITY MEDICAL E	XAMINER)						
	20c. TIME OF INJURY Month,			PLACE OF INJURY (Hom		wn) (Cou	nty) (S	tate)
MEDICAL	Hour a.m.	While	Not While	factory, street, office bld				
Σ	p.m.	19 at work		711-11	10 -7 1 70/-	7 5000 20/-	/ 41 1 (1) /	-> 11
	21. I certify that (1) (this	d . 1 0 1			, 19 02, to Feb 2		∠, that (I) (w	
	saw the deceased alive o	n 720 25	1970, and	that death occurred	at M, from the ca		ne date stated	apove.
	La tion	andrei	vc/	ATTENDING	MED. STAFF PHYS.	T 7	- 2 5- /	2/2
	220. PHYSICIAN'S		(M.D.) PHYS. V		1181		
	229. PHYSICIAN'S NAME (Type)	VAndr	ews	160 1 W	reville A Silv	entrin	2 M	1=
23		DATE THEREOF	23c. NAME OF CEME	TERY OR GREMATORY	23d. LOCATION (C	ity, town or cou	inty) (St	ate)
	DURINE Specify) 3/	1/66	NATLA	CMC PARA	FALLS CI	trech,	14	
24			ADDRESS	25a.	REC'D BY REGISTRAR 25	b. REGISTRAR	S SIGNATURE	
6	VIW CHAMBO	25 LNC	DIL S.P.	DALE DALE	AR 2 1966	(- ways	y Judge	
				1 5/1/9	<u> </u>	#	411-11-	

VR #15 (4) 20M 1/65



	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STAT	ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, I	BALTIMORE 1, MARYLAND
	CEDTIFICATE OF DEATH	0.0100

	02671		CERTIFICAT	E OF DEATH	1	12428
1.	PLACE OF DEATH					tution: Residence before admission)
	e. COUNTY	mery	MARYLANO	a. STATE	b. COUNT	nte among
-	b. CITY OR TOWN AT or write RURAL and gi	utside corporate limits,		11 /1 /		e RURAL and give nearest town)
	BeThesd				ntown	,
	d. NAME OF HOSPITAL	OR INSTITUTION (If not	in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Suburba	2n 1/05/	2. TR1	Box 126 7	Bernyville Rd	YES NO X
3.	NAME OF DECEASED	First	Middle	Last	4. DATE Month	Oay Year
	(Type or print) P2	Trick A		arrer	DEATH 2	16 1966
5.	SEX 6. CO	LOR OR RACE 7. MARR	RIED NEVER MARRIEO	8. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS. Months Oays Hours Min.
	M	WIDOV		d-14-4	66 yrs.	3.2
10	a. USUAL OCCUPATION (GI	ve kind of work done 10	b. KINO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (C	county & State, or foreign country)	12, CITIZEN OF WHAT COUNTRY?
100	ting most of working me	, even in terried)	INDOSINI	Bethesd	a, Md.	USA
13	. FATHER'S NAME			14. MOTHER'S MAI	OEN NAME	
	20017	EY Dul-	mare Courter	EVEL	yn Kathry	1 Stream
15	5. WAS DECEASED EVER IN 'es, no, or unknwn) { { yes	U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addréss	
1	cal tray or uningerity (1130)	give new as unicode section,	15	with Cert	figate	
-	18. CAUSE OF DEATH	[Enter only one cause	per line for (a), (b), and (c).]			INTERVAL BETWEEN
	PART I. OEATH W	AS CAUSED BY:	at. 8. 7			ONSET AND CEATH
	7/2 9 10 1011	EDIATE CAUSE (a)	CALLER WASH			
	Conditions, if any, w	DUE TO	P +	D		
	gave rise to imme	diate	J. remains	7		
	cause (a), stating			/		
Z.	underlying cause last.	, (-/	RIBUTING TO DEATH BUT NOT REL	ATEN TO THE TERMINAL	OISEASE CONDITION GIVEN IN P.	ART 1(a) 19, WAS AUTOPSY
₽ĕ	PARTITIONER STORY	ONITI CONOTTIONS CONT	KIBOTING TO OLIKIT BOTTOT KEL	ALLO TO THE LERWING	Old End Control (Total and Total an	PERFORMED?
25	DO- ACOUDENT MAS I	MARCEL VINC CI	b. DESCRIBE HOW INJURY OCC	IIDDEO /Enter nature o	of Industry In Part I or Part II of	
CERTIFICATION	20a. ACCIDENT WAS U OR CONTRIBUTING [] (IF EITHER, NOTIFY M	CAUSE OF DEATH	D. DESCRIBE HOW INJURY OCC	ORREO. (Eliter liature t	of milath in Late 1 of Late 11 of	100 10.7
			Od. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, f	arm. 20f. (City or town)	(County) (State)
MEDICAL	Hour a,m.	,,	hile - Not while facto	ory, street, office bldg.,	etc.)	
Z			work et work			
		at the second	tended the deceased from	2-14-,1		_, 19_44, that (1) (we) last
	saw the decease	d alive on 2 ~	16 19 44, and tha	it death occurred ata	M, from the causes a	nd on the date stated above.
	22a. SIGNATURE	n = n		ATTENDING	MED. STAFF	220. OATE SIGNED
	Joseph	h. Wug	om M.	D. PHYS.	OIRECTOR PHYS.	2/1/166
	22c. PHYSICIAN'S NAME (Type)	T		22d. ADDRESS	2 34.3	/ /
	1		igan	Bethes		(01-1-)
23	Ba. BURIAL, CREMATION REMOVAL (Specify)	, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, tov	vn or county) (State)
0	Burial	2-18-66	Laytonsville ADORESS		EC'O BY REGISTRART 250, RE	Adamenter .
) 2	4. FUNERAL DIRECTOR		ADORESS	25a. RI	The second second	Conley Judge
	Francis H.	Barber	ytonsville, Md.	OATE	B 2 1 196\$ P	more Judge

VR A15 (4) 15M 4-64

23

_

. . .

...

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00100

	OF	Di	ATH					02	42	29	
2,	USU	AL R	ESIDEN	CE (Where	deceased	Lved, If	nstitutions	Rasidence			1
	a. STA	ATE				b. COUN	ITY				

	UG\$16				HASEN .
1,	PLACE OF DEATH	1		tere deceased fived, If institution	Rasidence before admission
	Montgomery	MARYLAND	Maryland	b. COUNTY	ntgomeru
	b. CITY OR TOWN (I outside corporeta film ts,	e. LENGTH OF STAY IN 16		e corporate limits, write RURAL a	nd give nearest town)
	Bethesda	12 vrs.	Betheada		,
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in he		d STREET ADDRESS		e. IS RESIDENCE
	600 Forest Road		9600 Forest	Road	ON A FARM?
	NAME OF First	Middle	Lost 4. Di		Dev Year
	DECEASED (Type or print)	P1	01		23 19 66
5	Lainayiri		Will is 111	9. AGE (In years IF UNDER	***
J.	6. COLOR OR RACE 7, MARRI	ED NEVER MARRIED 8	DATE OF BIRTH	last birthday) Menths	
	VI. WIDOW		Flar IL 5, 1813	7.2 yrs. 10	_T2
	n. USUAL OCCUPATION (Give kind of work ne during most of working life, aven if retired)	KIND OF BUSINESS OR INDUSTRI	Y [I BIRTHPLACE (County & Sta	eta, or foreign country) 12. C	ITIZEN OF WHAT COUNTRY
	Ice. k. v	Education	St. Lines	Mi	1.5. H
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Dones Cin Lance	h	Many Alk	n Foran	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO 17 I	NFORMANT"	9699 Fores	t Road
	No (If yes give war or datas of service)	None IIr	saline Conven		
-	18. CAUSE OF DEATH [Enter only one cause per	line for (a) (b) and (c)		o beereage,	INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY:	CARTIONAS	104/00	1.1.4.7 2	ONSET AND DEATH
	1/2 - 1			F *- 2 -	the state of the s
	7 xC DUE TO	JOELUACY	DATENI'	PICEASE	34 1
	Conditions, if any, which gave rise to immediate cause	re contract	1.6.6	1, E 14, C	\$ 76.7
	(a), slating the undarlying DUE TO	11 es +1- 11 11 5 m	LERUTE 4	EDIST PICK- PS	11st 1/40
	causa last. (c)	パー」たんしいい	F 61.1 /6 10	-HILL DOCER	
0	PART II. OTHER SIGNIFICANT CONDITIONS CO	NIRBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PA	RT 1(a) 19, WAS AUTOPSY PERFORMED?
CAT	CARCINOR	A (12) 15/2EA	IST STYEA	21	YESNO X
ZIE.	20a, ACCIDENT WAS UNDERLYING . 20b. DE OR CONTRIBUTING CI CAUSE OF DEATH	SCRIBE HOW INJURY OCCURED	(Enter nature of injury in Pert Lor	Part II of Item 18.)	/
8	(IF EITHER, NOTIFY MEDICAL EXAMINER)	7	<i>y</i> , 1)		
SAL	20c. TIME OF INJURY Month, Day, Year 20d	INJURY OCCURRED 200 PLA	CÉ OF IN KRY (Home, farm, 20f ory, street, office bldg., etc.)	(City or lown) (Co	ounty) (State)
AED!	Hour a.m. Whi		ory, street, office blog., etc.)		
	21. I certify that (I) (this hospital) atte	adad the deceased from	17, Cit 195	3 to 165721	over that (I) (we) las
	saw the deceased alive on	7 .			
	22a. SIGNATURE	J. 76/.17 6. LK , and man	Geam Occured argin, pk./Vt,	HOULING CARSES AND ON	22b. DATE
		3,572 63	ATTENDING MED DIRECTO	STAFF	SIGNE
	22c. PHYSICIAN'S	E1872 1-1 M	22d ADDRESS	7	+ - 2+ bol
	NAME (Type)	Sandart L		5 1. al LC	t At 2
		374. 11.10	7		1/2 2 2

TO HOSPITAL A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour death. Page 4 for be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the altending physician and Completely. Ned in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, pages. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

funeral should

in 24 hours affer

24 FUNERAL DIRECTOR'S SIGNATURE CBERT A PUMPHREY BETHESDA, MD

238. BURIAL, CREMATION, 236. DATE THEREOF BUTTAL 2/26/66

23c. NAME OF CEMETERY OR CREMATORY

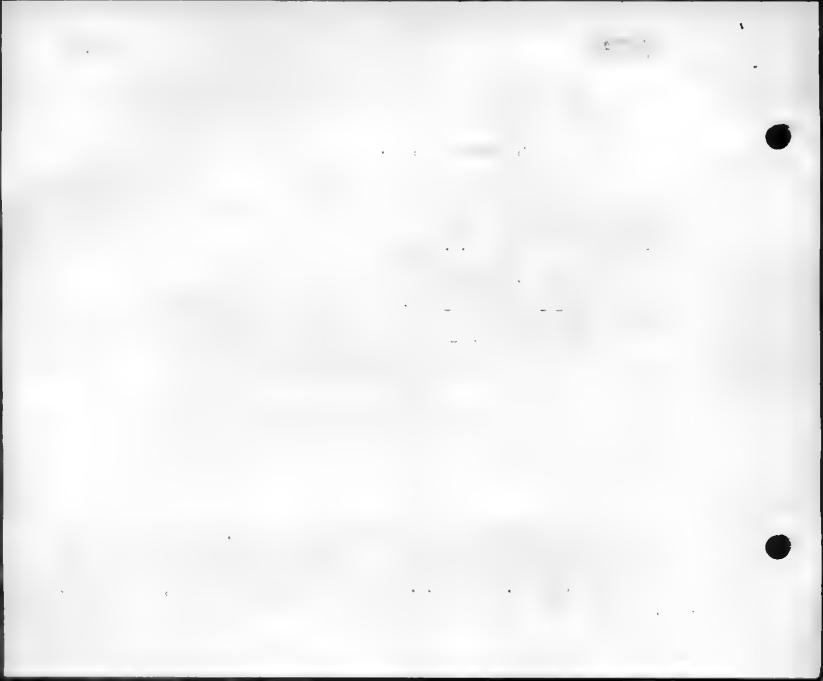
Mt. Olivet Cemetery Washington D.G.

23d, LOCATION (City, town or county)



-	MARYLAND STATE DIVISION OF STATISTICAL RESEARCH AND RECO				ALTIMORE	1, MAR	YLAND
	02473 CERTIFIC	AT	E OF DEATH			0243	30
1.	PLACE OF DEATH a. COUNTY Montgomery MARYLAN b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN		e. STATE	yland	b. COUNTY	Prince	Georges give nearest town)
	Bethesda 93 Days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street addr	2000)	d. STREET ADDRESS			4	e. IS RESIDENCE
m		ress;		Donto #1			ON A FARM?
	ne Clinical Center, Bethesda 14, Md. NAME OF First Middle		Box 257,	4. DATE	Month	D	lay Year
	DECEASED (Type or print) Mary Ann		Chapman	OF	Februar		23 19 66
F4	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED JUSUAL OCCUPATION (GIVE kind of work done 10b. KIND OF BUSINESS OR	X. I	8. DATE OF BIRTH 22 November 111. BIRTHPLACE (CO	19. AGE last 1942 23	(in years IF birthday) Mc	UNDER 1 YE on this Day	AR IF UNDER 24 HRS. S Hours Min. EN OF WHAT
dur	ing most of working life, even if retired) Typist U.S. Governmen	nt	Maryl			USA	FRY?
13.	Typist U.S. Government	шо	14. MOTHER'S MAID			OOA	
15 (Ye	John A. Chapman . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. [5, no, or unknown), (If yes give war or dates of service)	17.	Mary INFORMANT The M	Jennife	r ecoress		
· · ·	No === 220-40-6596		e Clinical C			14,1	aryland
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gram-negative Services Due to					1 11	TERVAL BETWEEN INSET AND DEATH 17 hours
	Conditions, if eny, which gave rise to immediate cause (e), stating the underlying cause lest. Conditions, if eny, which (b) Acute Lymphocyt: (b) Acute Lymphocyt: (c)	ic	Leukemia				20 months
TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	r ela	TED TO THE TERMINAL O	ISEASE CONDITIO	N GIVEN IN PA	RT1(a) 1	9. WAS AUTOPSY PERFORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCL	JRRED. (Enter neture of	injury in Part i	or Part II of I	tem 18.)	YES NO
MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	facto	CE OF INJURY (Home, fa ry, street, office bldg., et	c.)		(County)	
	21. I certify that XIX (this hospital) attended the deceased from saw the deceased alive on 23 February 19 66, and 22a SIGNATURE	m22 ! that	ATTENDING - A	AED. — S	TARE 2	22b. DATE	SIGNED
	22c/PHYSICIAN'S NAME (Type) James H. Wells, M.D.	M.C). PHYS. 🔲 🛭	he Clini	cal Cen	ter,	National
23ã	BURIAL, OREMATION, 23b. DATE THEREOF 23c. NAME OF CEMES 3REMOVAL (Specify) 2-26-66 St. MA	ETERY RY	OR CREMATORY	13ryA	ON (City, town	or county	(State)
24 14	UNIT TUNERAL HOME WALDER	F	Md PATE B	28 1966	25h REGI	STRAR'S S	GNATURE

VR A15 (4) 15M 4-64



Cedar Hill

Bethesda. Md.

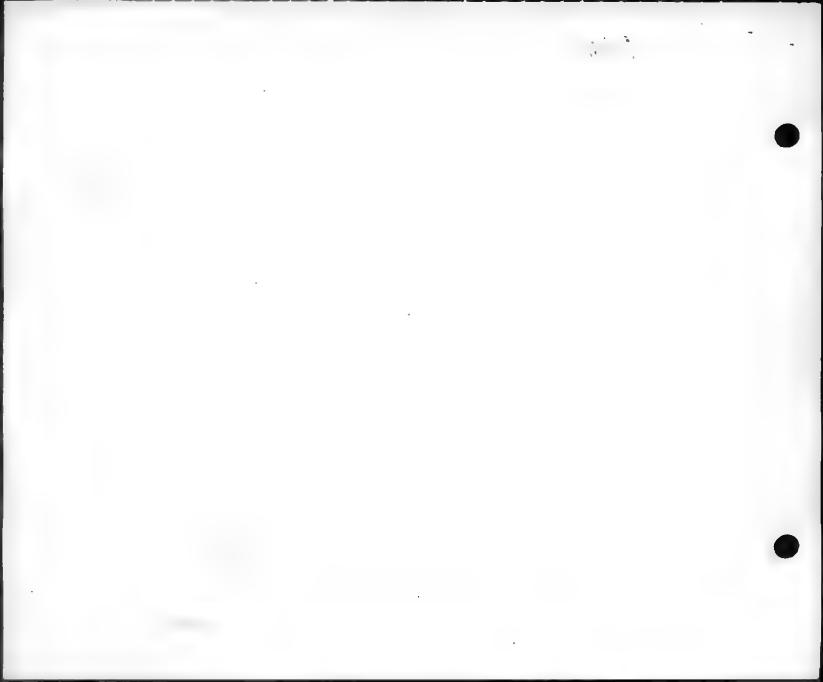
Cemetery

Suitland

Maryland

VR A15ME (5) 6M 1/66 Burial

Pumphrey



MARYLAND STATE DEPARTMENT OF HEALTH



	1	ìi	Ιt	tems 10&21 Film G375 MARYKAND STATE DEPARTMENT OF HEALTH	
23	· ,		1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FOR	STATE	1	_1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 112433	
HEALTH	{ DEPT		1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution; Residence before a. COUNTY of the country of the cou	admission)
m	و بو	,		Montgomery Maryland Maryland Montgomery	
sary nera y b	rtment death.			b. CITY OR TOWN (If outside corporate limits, write RURAL and give near write RURAL and give nea	est town)
e fune	part er d			Takoma Park 10 days Silver Spring	Laintmat
B O B P 电 C	Depar after (ONE ONE	ESIDENCE A FARM?
Bage Page	State hours		M	NAME OF STATE MODIS A Last 14. DATE Month Day Y	NO M
y del	the 72 h		3.	DECESSED	966_
f any			5.	SEX 16. COLOR OR RACE 12 MARDIED NEVER AAADDIED 18. DATE OF BIRTH 09 19. AGE (IN YEAR) IF UNDER 1 YEAR (IF UND	DER 24 HRS.
E Sign	within		44	mole white, WIDOWED DIVORCED 6-1740/ 556 yrs.	rs Min.
ve Pa	ges 1 and any event			a. USUAL OCCUPATION (Giva kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WH. COUNTRY,?	AT
	, e		٠	housewill, Own home maryland, USA.	
irs afte 18. Gi along	pages in any		13.	FATHER'S NAME Angligio Blair Thomas 14. MOTHER'S MAIDEN NAME	
teal fice	File p		45	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
n 24 in s Off			(Ye	and the state of t	Blud
	permit. removal,			Vone None 578-26-8455 HPRATTHIAPID ATT Silver Spring M 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL ONE of the content and co	BETWEEN
in penci Examiner	r Pe			PART I, DEATH WAS CAUSED BY: Acute company incufficiency	D DEATH
ವ ಶಿಂ−	burial-transit cremation, or			4201 DUE TO	
be exe	burial-tran cremation,			Conditions, if any, which \ (b) Coronary artery heart disease	
T 0 2	bur			gave rise to immediate cause (a), stating the DUE TO	
should word ' Chief	(D)		,	underlying causa last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS	AUTOPSY
he w	used as to burial	40	TIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE INDIRECTED TO THE TERMINAL DISCUSS CONDITION OF THE PART I	ORMED?
ng th	e us	0	CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part 1 or Part 11 of Itam 18.)	110
is cer writin arded	ild be prior		ERT	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
R: This ate, w forwar	shouf gent, p			20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County)	(Stata)
icate e fo	0 G		MEDICAL	Hour a.m. While Not While at work at work	
ertif d b	Page late			21. I certify that I took charge of the remains described above, held an Autopsy , inspection , inquiry , and in m	y opinion
he ce	OR:			death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner	
4	r your files DIRECTOR: r its desig			ACTUAL CHIEF MEDICAL EXAMINER 22. DAT	E SIGNED
MEDI ecute Page	for y			SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE	3//
. 30		4		EXAMINER'S BELDEN K. KEAP M.D. Address (Straat, city, town, or county)	66
please ex	etained for FUNERAL if Health o	V	238	a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county)	(Stata)
2 2 2	10 T	3		REMOVAL (Specify) 2-18-66 . Fort Lincoln Cemetery Prince Georges Co. Md.	
24-	417347	(9	24	TOWERRE DIRECTOR Cloud & War & Georgia Avenue FFD 10 1000 May	
	A15ME 0 4-64	1 30	Va	uner E. Pumphrey, Inc. Silver Spring, Md. Int B 18 1956 fragles Judge	

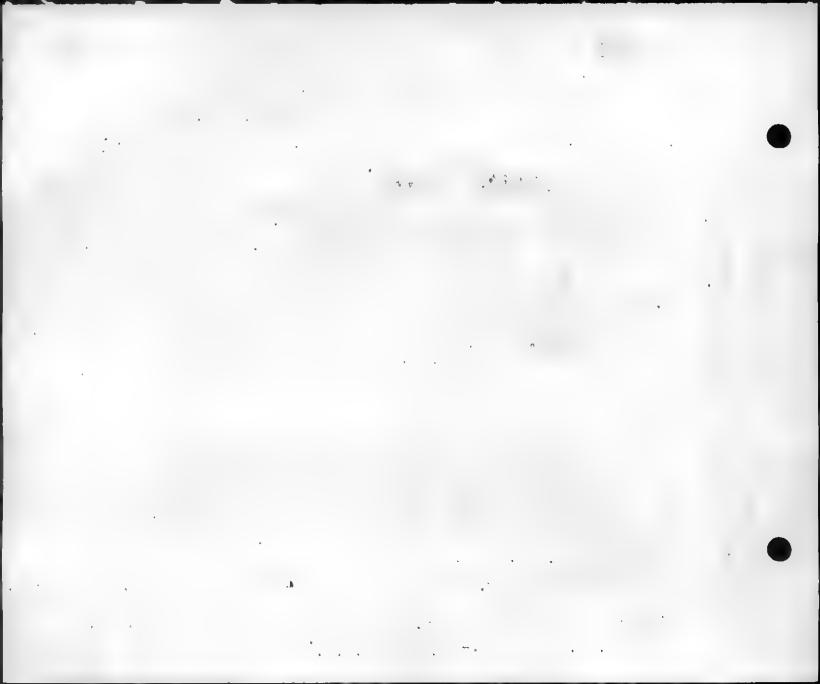


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please—remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND STATE DEPARTMENT OF TEACH, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	OLKIII IOATI	OI DEATH		0~205
1. PLACE OF DEATH	1	2. USUAL RESIDENCE (Who	re deceased lived, If institution	1: Residence before admission)
a. COUNTY		a. STATE	b. COUNTY	~
b. CITY OR TOWN (if outside corporate limits,	MARYLAND LENGTH OF STAY IN 1b	D. C	and a state that the sandte DIII	National about an area & course
write RURAL and give nearest town)	LENGTH OF STAT IN ID	c. CITY OR TOWN (If outside	corporate nants, write Kui	KWE SHE SIAR HERLEZE TOWN
Takoma Park	4 days	TXXXX Wa	shing ton	4;
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, give street address)	d. STREET ADDRESS	11	W. 0. IS RESIDENCE ON A FARM?
washington Sanitaria	- millan oilal	706 New 7	Tersey Aven	
3. NAME OF First Eller			ATE Month	Day Year
DECEASED	P. COI	_ \	F	4 11 1 1
(Type or print) 5. SEX 6. COLOR OR RACE 17 MARRIED TO		<u> </u>	EATH 2	10 1966
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED [] 8	. DATE OF BIRTH	9. ACE (In years IF UNE last birthday) Month	DER 1 YEAR IF UNDER 24 HRS.
Female white WIDOWED	DIVORCED	2717/1	7 / yrs.	
10a. USUAL OCCUPATION (Cive kind of work done 10b. Kind during most of working life, even if retired) IND	D OF BUSINESS OR USTRY	11. BIRTHPLACE (County &	State, or foreign country) 12	. CITIZEN OF WHAT COUNTRY?
Housewile		Grecce		American
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAI	NE	
George Panopoulous		Mary Zur	23	4
	CIAL SECURITY NO. 17.	INFORMANT	Addr	. 11
	No	Records-	washington "	Sanja Hospital
18. CAUSE OF DEATH [Enter only one cause per line			, 3,	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	1 Tot (a), (b), and (c),]	1-		ONSET AND DEATH
IMMEDIATE CAUSE (a)	ilmed the	the thereting		Kyent by fort.
1338 DUE TO	100			1
Conditions, If any, which (b)	of Calo			Several Man.
gave rise to immediate (cause (a), stating the OUE TO.	7			
underlying cause last. (c)	La Company			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NCTO DEATH BUT NOTRELA	TED TO THE TERMINAL DISEASE	CONDITION CIVEN IN PART 1	(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE				PERFORMED?
	COURT HOW INTERV OCCU	RRED. (Enter nature of injury	in Part I or Part II of Itam	
E OR CONTRIBUTING — CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JUNIO 11010 11110111 0000	WED! (Pirot natoro of injur)	III TOTAL TO TOTAL IT OF SECUL	20.7
	URY OCCURRED 2De. PLAC	E OF INJURY (Home, farm,) 2	Df. (City or town) (County) (State)
Hour am While at work		y, street, office bldg., etc.)	DI. (GILY DI LOWII) ((State)
D.m. 19 6 at work	at work	C-4-		
21. I certify that (1) (this hospital) attended	the deceased from	el 6 1966	to Feb 10 , 19	Lele, that (I) (we) last
saw the deceased alive on 2-1	0 19 60 and that	death occurred at 1 1 1	A, from the causes and o	n the date stated above.
22a. SIGNATURE	1	\ / //	22b.	DATE SICNED
((Manual (was	M.D.	ATTENDING MED. PHYS. DIRECTO	OR PHYS.	-10-66
22c: PHYSICJAN'S	177.07	22d. ADDDES	7	
NAME (Type) Raymond O. We	st	7600 Carro	oll Avenue, I	akoma Park.
	23c. NAME OF CEMETERY		LOCATION (City, town or	arviano =
REMOVAL (Specify)	TOTAL TRANSPORT OF GENERALITY	OR DREMATORT 290	. Location (orth, town of	onanth (otate)
	0.7			Zn.
Burial 2/14/66	Glenwood Ce	metery W	ashington.D	ADE SIGNATURE
24. FUNERAL DIRECTOR 20	Glenwood Ce Olaborassth St ashington, D	metery W	ash ington. D	AR'S SIGNATURE

VR A15 (4) 20M 1/65



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 hours after depth. THE HORPITAL BRATTERDING RHYSICIAN: The law maquires that the leath certificate be executed within 24 hours after death.

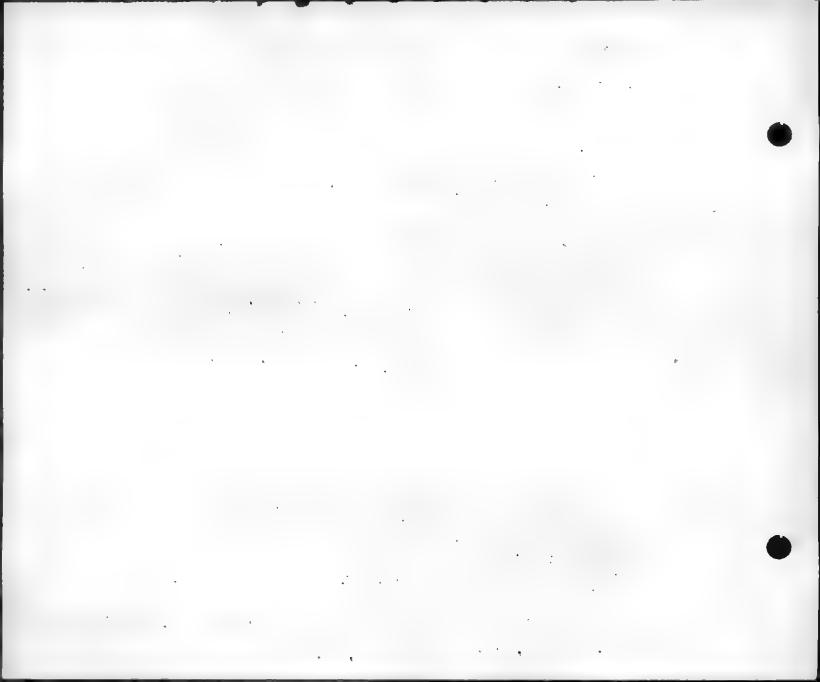
Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02878

CERTIFICATE OF DEATH

-UN 2 1 2	
PLACE OF DEATH a. COUNTY a. STATE	ere deceased lived, if institution; Residence before admission) b. COUNTY
ment-comery MARYLAND Maryland	mentaemen
b. CITY OR JOWN (if outside corporate limits, write AURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR JOWN (if outside	e corporate limits, write MIRAL and give mearest town)
Takema Pork Itanys Silver So	20:00
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give steet address) d. STREET ACCRESS	8. IS RESIDENCE ON A FARM?
Washington Son "nd Staspital 18712 Calesa	ulle Rd. YES NO D
DECEASED . Printer D. + L	DATE Month Day Year
(1) the state of t	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
The state of the s	last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done) 10b. KING OF BUSINESS OR 11. BIRTHPLACE (County &	State, or foreign country) 12, CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
13. FATHER'S MANIE 14. MOYHER'S MAIDEN NAI	ME A. S.A.
Wilgy Wilgy	ILLEGITITION AL . I
15. WAS DECEMBED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT.	Address Me
(Yes, no, or anknown) (If yes give war or dates of service)	ker 497 Hillypor Bring."
No None Yes White 15 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE HATEL AND THE WALL BETWEEN
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: ACCURACY MARCH STATES S	ONSET AND DEATH
IMMEDIATE CAUSE (a)	MO>
Conditions, If any, which \ (b) ADEN 2 CARCINOMA O	E BIEGET HES
gave rise to immediate	1 1/10/19 1/02
cause (a), stating the COUE TO	
Underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	ECONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
S 1 YAKT II OTHER STRUCTORY COMMITTIONS CONTRIBUTION TO DESTITE BUT NOT RELATED TO THE TERMINAL DISEASE	PERFORMED?
20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury	
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	111 7 01 7 01 C 11 C 11 C 1 C 1 C 1 C 1 C 1 C 1 C
ZDC. TIME OF INJURY Month, Day, Year 20d. (NJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2 factory, street, office bldg., etc.)	2Df. (City or town) (County) (State)
ZDC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED ZDc. PLACE OF INJURY (Home, farm, 2 While Not While factory, street, office bidg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from PICB. 11, 1966	to FEB 25, 1965, that (I) (we) last
	M, from the causes and on the date stated above.
22a. SIGNATURE A ATTENDING MEO.	STAFF STAFF
M.O. PHYS. OIRECT	OR PHYS. 2/26/06
22c. MANSICIAN'S THOUGHT HOLLINGEN PO 22d. ADDRESS 91	KING ST. 19/due
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23c	d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	d. LOCATION (City, town or county) (State)
REMOVAL (Specify) 3-1-66 Deer Crock Harrow Drashitan	REGISTRAN 2510 REGISTRANS STONATURE Ad. 1966 Policy Surge

VR #15 (4) 2DM 1/65



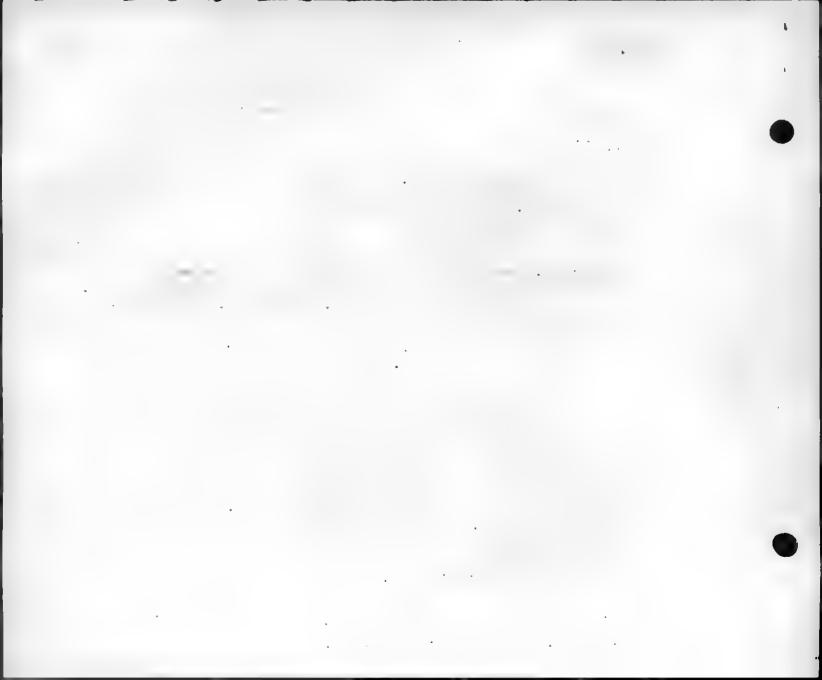
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. and deat 1. PLACE OF DEATH a, CDUNTY Maryland etely filled in by the furbon papers. Pages 1 a within 72 hours after c Montgomery after MARYLAND CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Garrett Park Garrett Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 5017 Euclid Street within npletely carbon p 3. NAME OF First CONOVER Middie DECEASED event, (Type or print) сошрі Stuart OHORY and cor 6. COLOR DR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED апу 1912 Male Cauc. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ⊆ 10b. KIND OF BUSINESS DR be Sales Salesman New Jersev certificate 13. FATHER'S NAME removal. 14. MOTHER'S MAIDEN NAME attending permit. Ther Elizabeth Darmell Lemuel C. Conover 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SDCIAL SECURITY NO. 5 (Yes, no. or unknwn) ((f yes tive war or dates of service) been signed by the att the burial-transit permior to burial, cremation, c unknown Dorothy B. Mrs. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. FICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) for use Health certificate this cert PRYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) CERTI DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. While Not While After be Stat p.m. 19 at work! at work retained b 21. I certify that (I) (this hospital) attended the deceased from ä shoul 19 6/ DIRECTOR saw the deceased alive on FR and that death occurred at Lie. 22a. SICNATURE AFTENDING PHYS. M.D. Pag. HOSPITAL PHYSIC AN ADDRESS 22d. FUNERAL d'rector, p Sharpe, NAME (Type) George 10511 M.D. ⋖ 23a. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial-transit 2/25/ 23a. 23c. NAME DF CEMETERY OR CREMATORY 0 66 Pleasantville 24. FUNERAL DIRECTOR REC'D BY Robert

Pumphrey Bethesda, Md.

USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) **B. IS RESIDENCE** ON A FARM? Euclid Street ND DO YES DATE Month Year DEATH February 19 66 ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 9. last birthday) Months Min. Hours 12. CITIZEN OF WHAT 11. BIRT HPLACE (County & State, or foreign country) CDUNTRY? U.S.A. 5017 Exclid St. Conover Garrett Pk, Md INTERVAL BETWEEN ONSET AND DEATH 705. 19. WAS AUTDPSY PERFORMED? YES NO F 20f. (City or town) (County) (State) that (I) (we) last M. from the causes and on the date stated above. 22b. DATE SICNED STAFF PHYS. DIRECTOR Summit Ave.. Kensington, Md LOCATION (City, town or county) (State) easantvill REGISTRAR'S SIGNATURE RECISTRAR Carre

4.

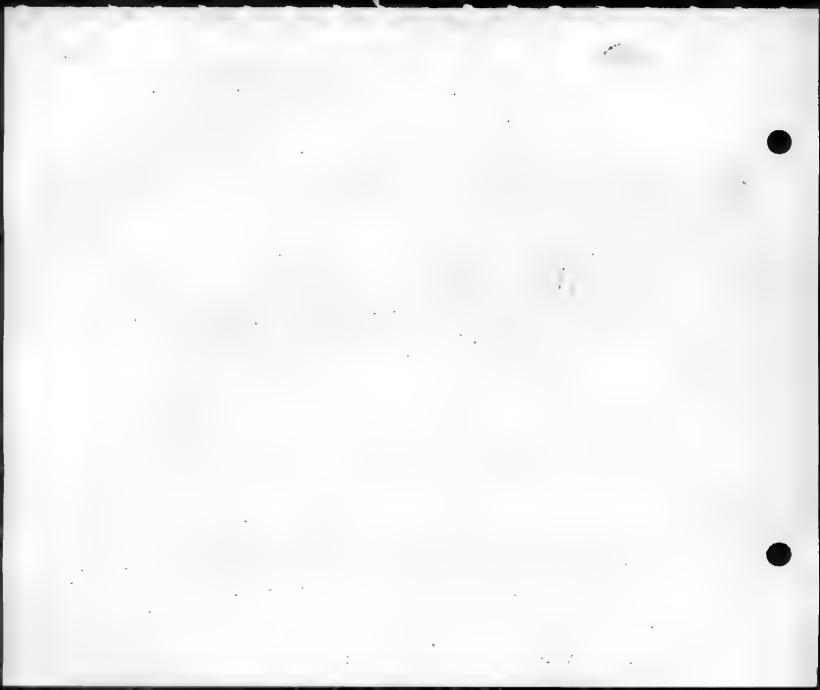
VR A15 (4) 20M 1/65



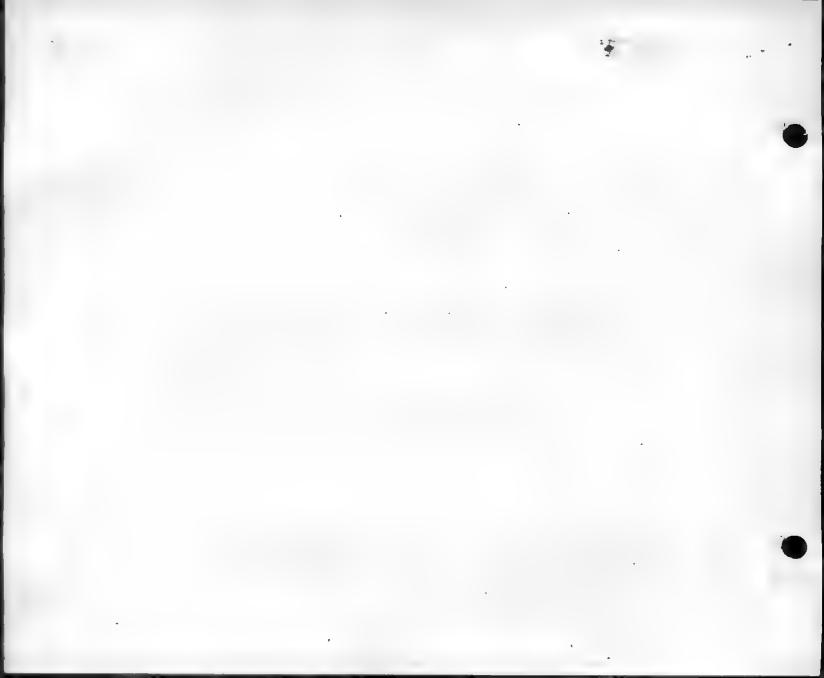
within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth. TO HOTFITAL BRATTINGING ENVEIGENTY. The law mequires that the death certificate be enecuted. Mage 4 may be retained by the hespital or attending physician.

VR A15 (4) 20M I/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

43	ULKIII IOA	IL OI	DENTIL	0~401
1.	a. CDUNTY		STATE FALL .	here deceased lived, If Institution: Residence before admission) b. COUNTY
1-	b. CITY OR TOWN of outside corporate limits, / C. LENGTH OF STAY IN 1	b 017	1404	Merrimae Litter
1	Write RUKAL and give nearest town)	C. CII		ds corporate limits, write RURAL and give nearest town)
\vdash	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	A 971	EET ADDRESS	1 6. IS RESIDENCE
	the state of the s	, 0. 31	22 / 12	104 FerriLac Dr. ON A FARM?
_	Washington Sunitarium + Hospila	<u> </u>	contamier	
3.	OFCFASEO	2075	Last / 4.	DATE Month Day Year
5.	CEY C ORING DO GAGE!	B. DATE	OF BIRTH	19. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS.
	/ MARKIED NEVER MARKIED	4-9		last birthday) Months Days Hours Min.
10	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	1 / /	11.7	k State, or foreign country) 12, CITIZEN OF WHAT
du	iring most of working life, even if retired) INDUSTRY	1	. 14.1	A COUNTRY?
13	3. FATHER'S NAME	1 14. N	P. P. Q M C	AME / Mrey, Can
	. into APNEW		An. N	PADDER
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 1/16. SOCIAL SECURITY NO. 1	7. INFORM	ANT	Address, -0 2 1 27th are
(Y	(es, no, or unknown) (If yes give war or dates of service)	RANI	CCOF	Detti il 120059
-	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	701111		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bron Cho Pineur	nonia	1 18.6	ONSET AND DEATH
	+ // X DUE TO	14 17/1	1-1/10	7
1	Cenditions, If any, which } (h)			
	gave rise to Immediate (
_	underlying cause last. (c)			
le le	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BYTNOTRI		HETERMINAL DISEA	BE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
FICA	Hiterioscleiotic Wart disea	Se.		YES NO
CERTIFICATION		CURRED. (I	inter nature of Inju	y In Part I or Part II of Item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. F	LACE OF IN	JURY (Home, farm,	20f. (City or town) (County) (State)
MEO	Hour a.m. While Not While p.m. 19 at work at work	ctory, stree	t, o mice orag., etc.)	
-	21. I certify that (I) (this hospital), attended the deceased from_	2/2	3 , 1960 4	to 2/27 1966, that (1) (we) last
		hat death	occurred at 4.3°A	M, from the causes and on the date stated above.
	2227 SIGNATURE	ATTE	NIDING ATED	STAFF 22b. DATE SIGNED
	22c. PHYSICIAN'S	VI.D. PHYS	ADDRESS	TOR PHYS. D
	What Treem + Simpson		0216	N.H. are NE - DC.
23	Burial, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETI Burial (Specify) Men 7, 1966 Sute of	RY DR CRE	MATORY 2:	dd. LOCATON (City, town or county) (State)
2	4. FUNERAL DIRECTOR ADDRESS	171	25a. REC'D B	REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	U. W. Talland 3605-18	C	OAMAR 1	1966 1045960 Judge
				- Control of the Cont



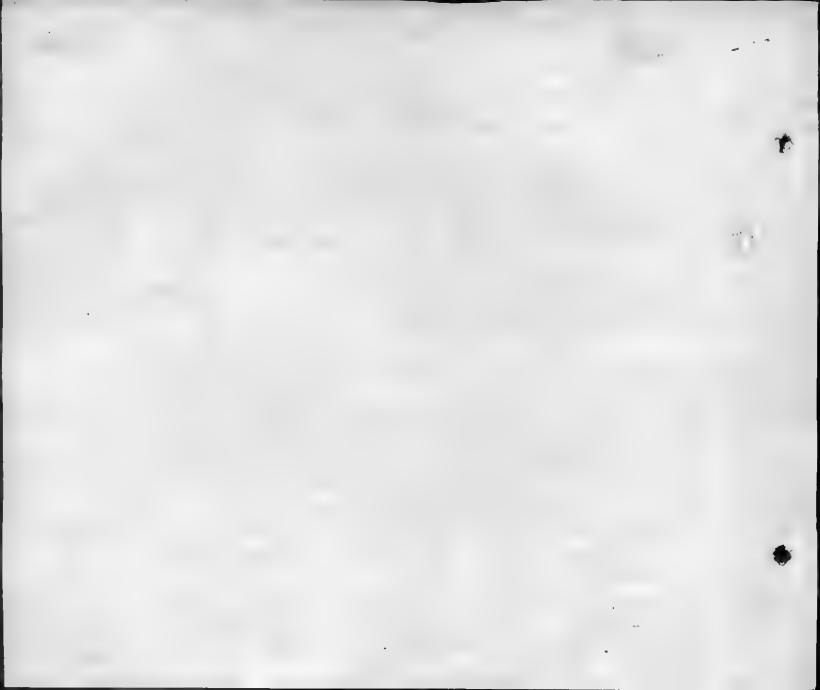
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0248 by the funeral -Pages 1 and 2 **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 nours after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH a. COUNTY b COUNTY event, within 72 hours after b CTY OR TOWN (If autside corparate limits, write RURAL and give nearest town) c CITY OR JOWN (If guiside carparate limits, write RURA, and give nearest town) IS RES DENC papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? NO X YES NAME OF Middle DATE Manth Last DECEASED OF DEATH (Type or print) IF JNDER DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) DIVORCED K be detached for use as the buriol-transit permit. Then please remay State Dept. of Health prior to buriol, cremation, or removal, and in any WIDOWED 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a, USUA, OCCUPATION (Give kind of work done 1). BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY FLOTTE COUNTRY? Thillekelle 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? {Yes, no, or unknown} |(If yes give war as dates of service) 16 SOCIAL SECURITY NO 17 INFORMANT 578-50-0240 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY RONCHOGENIC IMMEDIATE CAUSE (a) DUE TO signed ! Canditians, if any, which gave nse to immediate couse (a). DUE TO stating the underlying cause offending Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION DISEASE 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of item 18) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or fawn) (County) (State) Hour a.m. Nat While factory, street, affice bldg., etc.) at work at work 21 I certify that (I) (this hespital) attended the deceased from NOV1 , 1964, to 2 - 9 , 1964; that (I) (we) last saw the deceased alive an 3 - 9 1944e, and that death accurred at 990PM, from causes and an the date stated above. 1966 that (1) (we) last director, page 3 should should be filed with the 220 SIGNATURE 22b DATE SIGNED STAFF PHYS. ATTENDING PHYS DIRECTOR 22d ADDRESS 22c PHYSICIAN'S NAME (Type) YOUNG BLOG 661 23a. BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) REMOVAL (Spediy) Glenwood Cemetery Washington, 2 Bethesda, Md. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



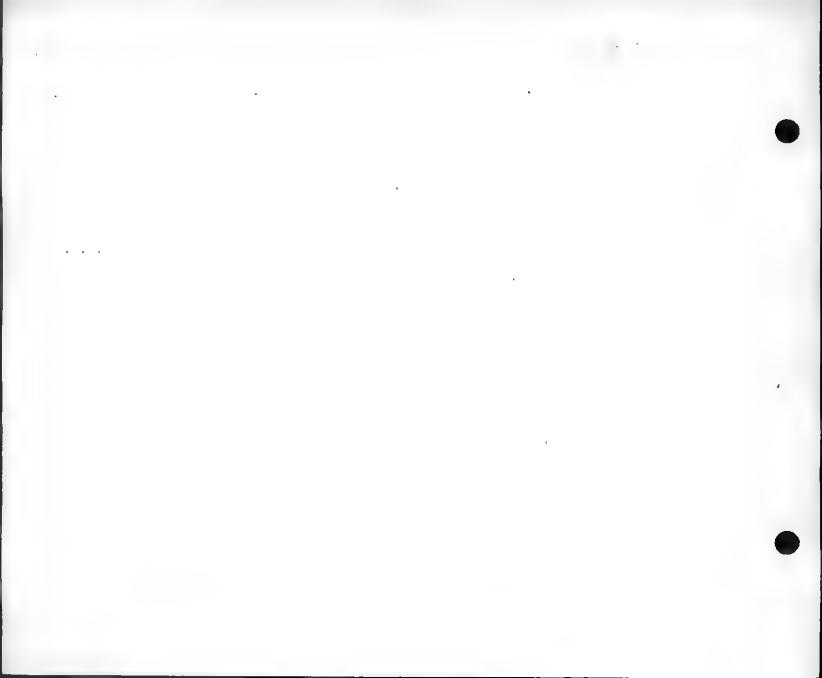
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. a. CDUNTY Montgomery County 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) by the financial Pages 1 urs after hours after Spring Holy Cross Hosp. lver Montgomerv MARYLAND c. CITY OR JOWN (Houtside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b ely filled in by n papers. Page rithin 72 hours Silver Spring, Maryland Silver Spr., Montgomery Coun. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Holy Cross Hospital 16th Street YES NO X completely 1 executed within NAME OF Middle DATE Month First 4. 3 DECEASED 19 6 6 event, (Type or print) DEATH remove 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (in years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 7. MARRIED X NEVER MARRIED any 76 WIDOWED DIVDROED [.0789 attending physician a ermit. Then please re m, or remoyal, and in a 10a, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working I'te, even if retired) INDUSTRY COUNTRY? Liquor Dealer Poland S. the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Abraham Cutler Sarah --s been signed by the attend the burial-transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address S., (Yes, no, or unkown) (If yes give war or dates of service) 577-48-1695 Jean Mrs. Leonard 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET-AND DEATH PART I, DEATH WAS CAUSED BY: pllysician. IMMEDIATE CAUSE (a) that DUE TO requires Conditions, if any, which (b) gave rise to immediate attending DUE TO cause (a), stating the as th underlying cause last. (c) CERTIFICATION WAS AUTOPSY 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REVATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED' certificate 0 NO YES I hospital 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: this ceru...detached for DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED (State) the TIME OF INJURY Month, Day, Year | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While While After be à TTENDING 19 at work at work retained the FUNERAL DIRECTOR: A director, page 3 should 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at AM, from the causes and on the date stated above. saw the deceased alive of 22a, SIGNATURE DATE SIGNED STAFF ATTENDING (MA PHYS. DIRECTOR PHYS PHYSIDIAN'S ADDRESS NAME (Type) director, should BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THERFOR 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY (State) Mt ebanon Buri al 25a- REG'D BY REGISTRAR FUNERAL DIRECTOR FEB VR A15 (4) DATE 15M 4-64



ARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution, Residence before edinission) e. COUNTY L. COUNTY MONTGOMERY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN lif outs de corporate limits. C. LENGTH OF STAY IN 15 write RURAL and give neerest town) WAShing toN 1 week heAtON a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? 3128 PATTERSON PL. HOME WHEATON NURSING YES NO D completely 3. NAME OF Middle DECEASED MARGARE DEATH (Type or print) IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER I YEAR | 5. SEX last birthday) Months pue WIDOWED I DIVORCED 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or fore on country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Kentrucky TISA housewife home 13. FATHER'S NAME 1.14. MOTHER'S MAIDEN NAME please attending Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 5210 Gretchen Street (Yes, no, or unkown) | (Ifyesq:ve war or dates of service) NTO Lawrence DeAtley Kensington, 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Suddles IMMEDIATE CAUSE (a) 1.50 DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part II or Part III of Jem 18.) 20e, ACCIDENT WAS UNDERLYING OR CONTRIBUTING [CAUSE OF DEATH HE EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work D.M. DIRECTOR: 22b. DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. death. Page 4 22d. ADDRESS 22c. PHYSICIAN'SC NAME (Type) 208-17 Nu Ward, DC. 20010 director, be filed v 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 236. BUR.AL, CREMATION, 235. DATE THEREOF REMOVAL (Specify) Maysville. Kentucky Maysville Cemetery OH Burial-Transit 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) Robert A. Puraphrey 15M 7-62

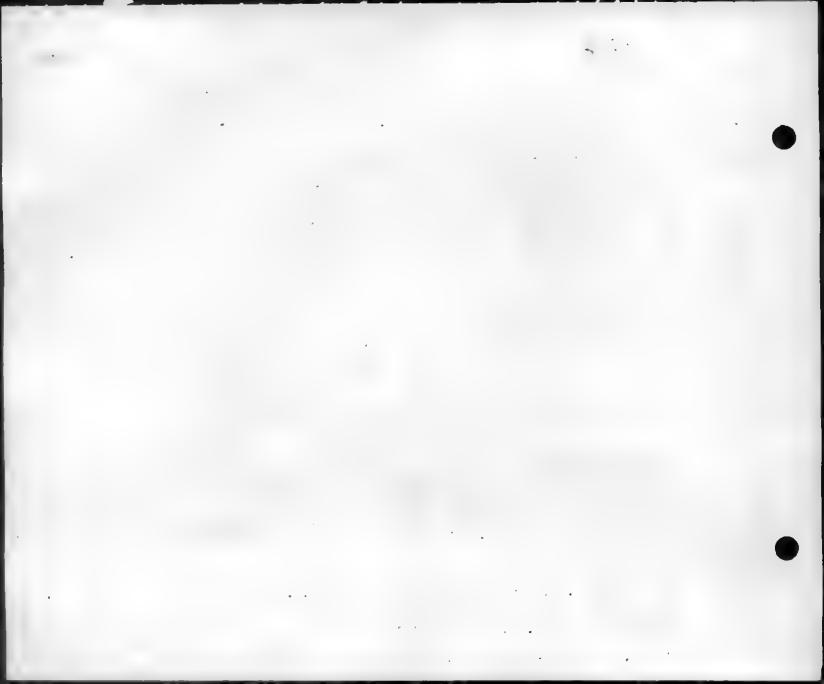


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 112441 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY **a** STATE b COUNTY Page MARYLAND after death Mont. Co. C C.TY OR TOWN (If outside carparate imits write RURAL and give nearest lown) deloy b CTY OR TOWN (If outside carparate limits c LENGTH OF STAY IN 16 P.M.3. write RURAL and a ve nearest tawn) d STREET ADDRESS Rockville e IS RESIDENCE ON A FARM? a NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) Office along with form Give Pages 1, hours E. Montgomery ate be executed within 24 hours after depth NAME OF Middle DATE Day DECEASED 0F (Type or print) Dodson 100 IF UNDER 1 YEAR S SEX 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years last birthday) Months in Item 18. Days DIVORCED 8/5/19 White 10a USUAL OCCUPATION (Give kind at work dane 11 BIRTHPLACE (State or fareign country) 12 C TIZEN OF WHAT 10b KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY. II.S.A ward "pending" in pench in the Chief Medical Exominer's Surveyor 13 FATHERS NAME 14 MOTHER'S MAIDEN NAME Ξ Alice Williams. ond 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT removal, (Yes, no, or unknown) (If yes give war ar dates of service brother. Wm. A. Dodson 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH used os a burial-trans burial, cremotian, or Bronchopneumonia IMMEDIATE CAUSE (a) _ This certificate should ecute the certificate, writing the ward Poge 4 should be farworded to the Ch DUE TO Canditions, if any, which gave (b) rise to immediate cause (a). DUE TO stating the underlying cause pasn 19 WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Cirrhosis, liver, severe YES TO NO Heolth or its designated agent, prior to 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of noury in Part I or Part I of Iem 18) 3 should PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH 20c TIME OF INJURY Month Doy Year 20d MJURY OCCURRED 20e PLACE OF INJURY (Hame form 20f (Eity ar tawn) (Caunty) (Stote) Brut o.m. factory, street, office bldg , etc) FUNERAL DIRECTOR: Poge at work at wark 21. I certify that I took charge of the remains described above, held an Autapsy [X]. Inspection X. Inquiry X and in my opinion Natural causes K the funeral director. death resulted from: Accident . Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER (74) **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 23a BUR AL CREMATION, (State) 90 REMOVAL (Specify) Durges 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15ME (5) 6M 1/66 Charley



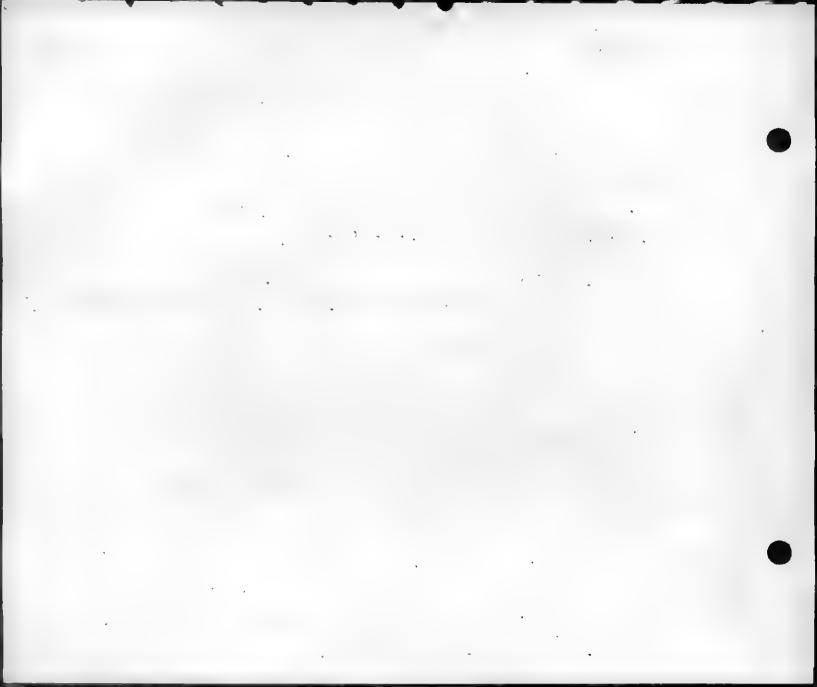
Item 18 Film G373 2/16/69MARYLAND STATE DEPARTMENT OF HEALTH

requires that the death certificate be executed within 24 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician.

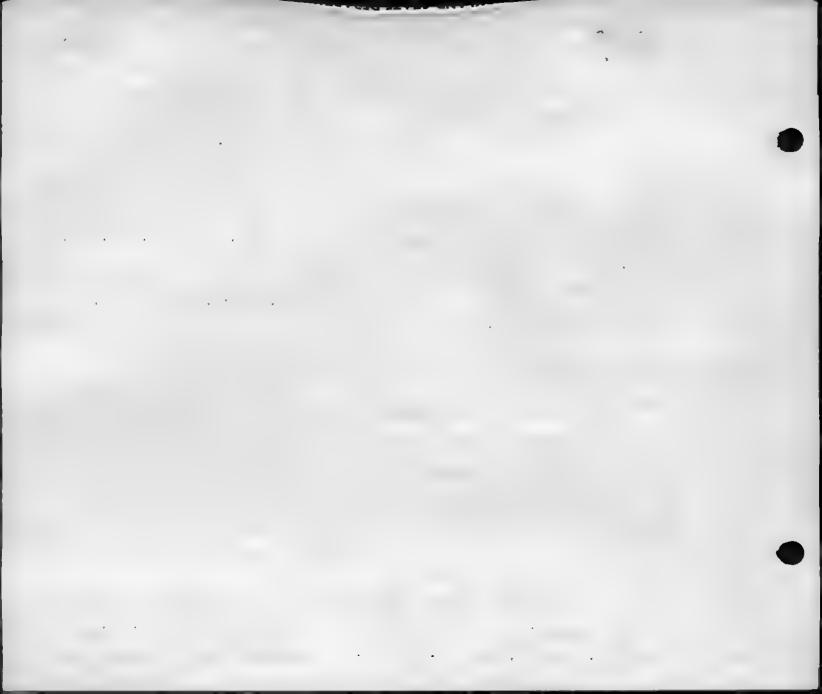


funeral and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the demtil mertificate be executed mithin 24 hours aften death. Page 4 may be retained by the hospital or attending physician. death 2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please carbon papers. Pages I should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in the State Dept. of Health prior to burial, cremation, or removal, and in the State Dept. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1		02486	CERTIFICATE OF	DEATH	06444
		PLACE OF DEATH		DAL RESIDENCE (Where deceased lived, If Institution	: Residence before admission)
		-04	TROMERU MARYLAND	MARULAND MON	TOE MERIL
1	b	. CITY DR TOWN (OR TOWN At outside corporate limits, write RUR	AL and give nearest town)
ı	(Write RURAL an	give nearest town) 5 days.	SULLER SPRING	, ,
1		d. NAME OF HOSPI		EET ADDRESS	e. IS RESIDENCE
4	-	HOLU	CROSS JUSPITAL 9:	35 BODIEANT	ON A FARM?
1		NAME OF DECEASED	, First Middle L	ast 4. DATE Month	Day Year
Į		(Type or print)	VIVIAN MORRISON DUT	NCAN DEATH 2	19 1966
ŀ	5. 5	SEX 6		OF BIRTH UN 26 9. AGE (In years IF UND Months	ER 1 YEAR IF UNDER 24 HRS.
ı	-	-+-			S Days Hours Min.
	10a. l	USUAL OCCUPATION	Give kind of work done 10b. KIND OF BUSINESS OR GOUL 11. BIF	RTHPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
I	REA	CTXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MARYLAND	C3-A
1	13.	FATHER'S NAME	14. MC	OTHER'S MAIDEN NAME	
1	Wi	Illian R.	Marrison	la Et Hune	
1	15. Ves	WAS DECEASED EVE	Moutain U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMA	1112.111.10	eedith Ave.
ı	No		578-32-1478 Mrs. He	nry H. Jetrault Silver S	pring, Md.
١	T	18. CAUSE OF DEA	FH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN DNSET AND DEATH
1		PART 1, DEAT	WAS CAUSED BY: AMEDIATE CAUSE (a) acutt lenal fails	re cause unknown	4 days
1		34	DUE TO		7
١		Conditions, If any	which } (b)		
1		gave rise to im cause (a), stati	\ DUE TO		
		underlying cause I			
	TION I	PART II. DTHER SIG	IFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO TH	IETERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
	Y S	Generals	el arteriosclerosia		YES NO
	00	20a. ACCIDENT WA	UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (E)	nter nature of injury in Part I or Part II of Item	18.)
1			MEDICAL EXAMINER)		(04-4-)
	MEDICAL	20c. TIME DF INJ Hour a.m.	RY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJ While Not While factory, street,	JURY (Home, farm, 20f. (City or town) (Confice bidg., etc.)	County) (State)
ı	MEI	p m.	19 at work at work		
		21. I certify t	nat (I) (th is hospita l) attended the deceased from		66, that (1) (we) last
		saw the decea	ged alive on 2/19 1966, and that death o	occurred atM, from the causes and or	
1		22a. SIGNATURE	ATTE	NDING MED. STAFF	DATE SIGNED
	-	22c. PHYSICIAN'S	Charl Wolle M.D. PHYS.		120/66
		NAME (Type	RVH OR H V. E.	511 SYMMITHE KEN	SWGTONMA
	23a.	BURIAL, CREMAT	ON, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREM	MATORY 23d. LOCATION (City, town or	county) (State)
	F	REMOVAL (Specif	19eb 23, 1966 Arlington National	Cemetery Arlington, Vo	
		FUNERAL DIRECT	R late OFF ADDRESS		AR'S SIGNATURE
	U	Varner E.	Pumphrey, Inc. Silver Spring. Md.	OFFEB 23 1966 Ichard	es Judge
- 1	7				



W. PRESTON STREET, BALTIMORE 1, MARYLAND funeral e. COUNTY Montgomery b. COUNTY Montg. by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, & LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest lown) Gaither sburg Gaithersburg Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va street address) d. STREET ADDRESS . IS RESIDENCE papers. Pagin 72 hours ON A FARM? 10 Oak Ave. YES NO M 3. NAME OF 4 DATE Middle Month DECEASED 1966 (Type or print) 21st Fairall Divall DEATH Merton 6 COLOR OR RACE 7 MARRIED ANEVER MARRIED DATE OF BIRTH 1005 9. AGE (in years IF UNDER I YEAR) IF UNDER 24 HRS. Jest burthdey) | Months | Deys Male WIDOWED [DIVORCED remove 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired Physic in any Gaithersburg. Montg.Co. Md. U.S.A. Printer 13. FATHER'S NAME ple 14. MOTHER'S MAIDEN NAME attending Sarah L.Fairall Calvin Scott Duvall 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT The T Address (Yes, no, or unkown)) (If yes give war or datas of sarvical W. Duvall. Gaithersburg. Pearl. permit. 18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c), physician INTERVAL BETWEEN signed by ONSET AND DEATH 5 PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burnal-transit Conditions, if any, which has been geva risa to immadiate causa DUE TO (a), stating the undarlying causa last. the the hospital or DIRECTOR: After this certificate 3 should be detached for use as the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY CERTIFICATION as PERFORMED? YES NO T 20. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter natura of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL be retained by Month, Day, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, ! 20f. (City or town) [County] (Steta) factory, streat, office bidg., etc.) 5 Not Whila el work at work 21. I certify that (I) (this hospital) attended the deceased from 2 - 19. Ly that (I) (we) last 22e. SIGNATURE STAFF SIGNED death. Page 4 PHYS. DIRECTOR 22-66 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ector, 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) O To B Gaithersburg. Md Forest Oak Burial 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE **VR A15 (4)** Gartner. Gaithersburg. Nd. 20M 5 63



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02488 CERTIFICATE OF DEATH funeral and 2 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY etely filled in by the f bon papers. Pages 1 within 72 hours after ontgomer Marulan MARYLAND b. CITY OR TOWN (if outside conforate limits, write RURAZ and give nearest town) c. CITY OR TOW) (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. hou d. STREE ADDRESS NAME OF HOSPITAL OR INSTITUTION (if not in hospital, DN A FARM? No A etely remove carbon NAME OF T DATE Year DECEASED DF 19 66 DEATH event. (Type or print) Executed AGE (In years | IFUNOER 1 YEAR | IFUNDER 24 HRS MARRIEO last birthday) | Months | WIDOWED IM DIVORCEO [12. CITIZEN OF WHAT and in 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR or foreign country) physician in please r (County & State. ā during most of working life, even if retired) INOUSTRY 45 removal. 13. FATHER'S NAME MOTHER'S MAIOEN NAME attending premit. Ther 17. INFORMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. transit permit. demth (Yes, no, or unknwn) ((If yes pive war or dates of service) none INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), burial-transit **ONSET AND DEATH** PART I, OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) signed **OUE TO** aw requires Conditions, if any, which (b) peen gave rise to Immediate **OUE TO** cause (a), stating the has be as th prior t underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMEO? certificate Faceure - Atherosclerosis YES 🗍 Ongestive Heart 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) After this certification of the detached for the detached MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm.) (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work p.m. retained 2-26 5.5 to. 19 6 6. that (I) {we} last 21. I certify that (I) (this hospital) attended the deceased from_ DIRECTOR: / age 3 should iled with the 19 66, and that death occurred at/ AM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED TO FUNERAL DIRE director, page 3 should be filed v **OIRECTOR** may HOUSE TAL PHYSICIAN'S 22d. ADDRESS NAME (Type) BERS OATE THEREOF 23c. NAME OF CEMETERY OR GREMATURY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. Rock Creek Cemetery 1966 Washington D. C. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

VR #15 (4) 20M 1/65

after

ithin



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 3 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

^	02489	Э т.	_ #3 1 12:	CERTIFI	CATE	OF DEATH			02	448
1.	PLACE OF DEAT a. COUNTY b. CITY OR TOW Write RURAL	Mondy and of the state of the s	mery te limits, / c.	MARYL LENCTH OF STAY		a. STATE Maryland c. city or town (if	outside corpo	nsed lived, IT Institu b. COUNTY Montgo Drate Ilmits, write	mery	
-	d. NAME OF HO	the sclassifution of Madison S	ON (if not In hospi	tal, give street ac	ddress)	Bethesda d. street abbress 5602 Mad		Street		ON A FARM?
3.	NAME OF DECEASEO (Type or print)		irst	Middle	!1	Last EVANS	4. OATE OF OEATH	Month F-c-b	0ay	Year 19 6
1	SEX	6. COLOR OR RACE	WIDOWEO 2	DIVORCED		Nov-19-18	374	G / yrs.	onths Days	Hours Min.
dui	INGUAL OCCUPATION OF MOST OF WORK HOUSE FATHER'S NAM	TION (Cive kind of work lng life, even if retire WII C	idone 10b. KINO INOU	OF BUSINESS OR STRY		11. BIRTHPLACE (CO M1SSour:	1	or Mereign country)	12. CITIZEN COUNTRY	
10		Highley					Westov	er		
15 (Y	. WAS DECEASED	EVER IN U.S. ARMED F	of service)	SIAL SECURITYNO		elen Evans		Address	Bethe	sda, Md
		DEATH [Enter only or EATH WAS CAUSED BY IMMEDIATE CAUSE	re cause per line			Hear		ilun	INTE	RVAL BETWEEN ET ANO PEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO DUE TO DUE TO DUE TO OUT OF CLOSURE DUE TO OUT OF CLOSURE DUE TO DUE TO							h	any years	
MEDICAL CERTIFICATION	20a. ACCIOENT	WAS UNDERLYING CAUSE OF OF	La Sur	huse	-A-6	ED TO THE TERMINAL D		TION GIVEN IN PAS	YE	WAS AUTOPSY PERFORMEO?
MEDICAL		INJURY Month, Oay, m.	Year 20d. INJU	Not While at work	Oe. PLACE factory	OF INJURY (Home, fa , street, office bldg., et	rm, 20f. (C	ity or town)	(County)	(State)
	saw the de	y that (I) (this hos ceased alive on	pital) attended	the deceased fr	nd that	leath occurred at §			d on the date	e stated above.
	22a. SICNATU 22c. PHYSICIA NAME (T	Jame-	E. Nola		M.D.	PHYS. 22d. ADDRESS	MEO. DIRECTOR ngton	STAFF 2 Clinic,		3-66.
238	BURIAL, CREM	MATION, 230, OATE	THEREOF 2	3c. NAME OF CE				ATION (City, town	or county)	(State)
- E	OMANA PAR	1 2-5-	1966 II Sons	ADDRESS EN	v Cen	notery, REC	Parm P BY REGIST		sthar sign	ATURE usige.



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEM PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, I institution. Residence before admission 6 COUNTY Frederick a COUNTY Poge Mont. CO. 2 MARY, AND delay Departmen b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c CTY OR TOWN (1 autside corparate limits, write RURAL and give nearest town) ond P.M.3 wr te RURAL and give nearest tawn)
Bethesda D.C.A. New Market d NAME OF HOSP TAL DR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS 8 S RESIDENCE ON A FARM? 72 hours None Suburban 8. Give Pages Stote YES NO \$€ This certificate should be executed within 24 haurs ofter death wth 3 NAME OF Middle First 4 DATE Month Last Dov DECEASED ÛF ىھ Feb. 66 McClelland Charles Evans 19 C (Type or print) DEATH ong S SEX 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 9 AGE (In years 7 MARRIED NEVER MARRIED ost bythdoy) Months Hours Male White WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 10b K ND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Painting West Virgin'a VIIO Painter in pendi in Chief Medical Examiner's es S 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles R. Evans Vella Woodring puo WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SQC A. SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) or removol. pending Charles Evans Unknown Same as 2 yes Mrs. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN octore of Corvical Spine Echard Compres buriol-transit PART I DEATH WAS CAUSED BY **CONSET** AND DEATH IMMEDIATE CAUSE (o) writing the word Auto- Accident burial, cremation, DUE TD Conditions, fony which gove rise to immediate cause (o). DUE TO stating the underlying couse 0 forworded last S nsed PART II OTHER S GNIFICANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAU DISEASE (DNDITION GIVEN N PART 1(0) 19 WAS AUTOPSY PERFORMED? CERTIFICATION toration pe prior to 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of mury in Port I or Port II of item 18) 3 should PR MARY TO OF CONTRIBUTING
CAUSE OF DEATH Collision with Auto Headen - when clause his cor over fellowle should **IXAMINIR**: agent, I MEDICAL 20c TIME OF INJURY Month, Day Year 20e PLACE OF NJURY (Home, form, (City or town) (County) (State) foctory, street, office bldg , etc.) Not While may be retoined for your FUNERAL DIRECTOR: Page While Mont. NU 19 66 Damascus Poge 4 MIGh WAW-108 necessory, please execute ot work its designoted 21 I certify that I took charge of the remains described above, held an Autopsy 🗷 Inspection 🔀 Inquiry 💭 and in my apinian the funeral director. death resulted fram Accident X Suicide Natural causes Hamic de Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATUR TO DEPILTY 5 may be ro FUNERAL Health or 1 DEPUTY MEDICAL EXAMINER **EXAMINER'S** John G. Ball Address (Street, city, town, or county) NAME (Type 23b DATE THERED! 23c. NAME OF CEMETERY DR CREMATORY 23o. BUR AL, CREMATION 23d LOCATION (City or Town (County) (Stote)

Liberty Rantist

VR A15ME (5) 6M 1/66

REMOVAL (Specify)
Burial

24 FUNERAL DIRECTOR

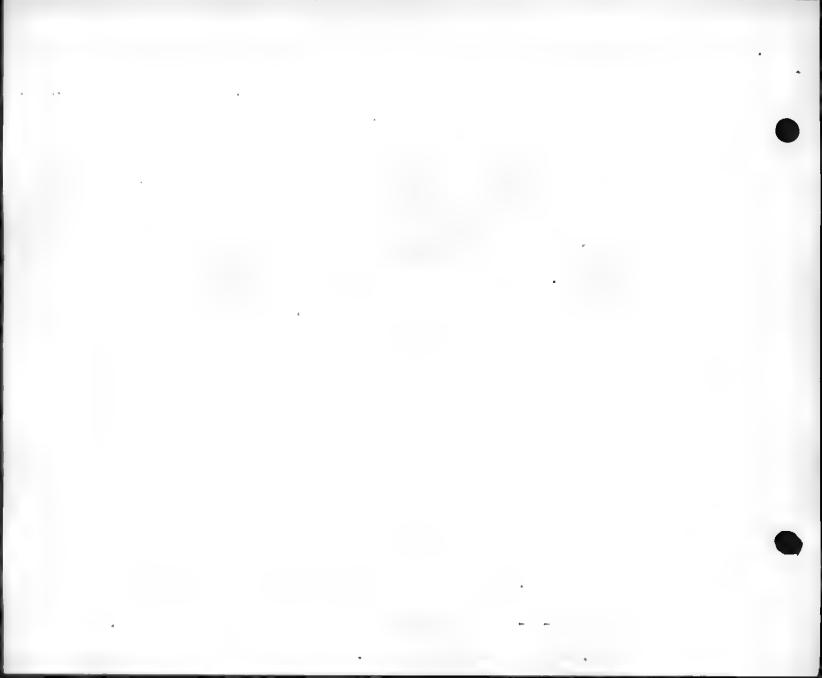
Francis H. Barber Laytonsville, Md.

2-15-56

REC D BY REGISTRAR

Lisbon

25b REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

e IS RESIDENCE ON A FARM?

IF JNDER I YEAR

Days

12 CITIZEN OF WHAT

TOUNTRY? A.

YES NO X

Year

IF JNDER 24 HRS

INTERVAL BETWEEN

ONSET AND DEATH

19 WAS AUTOPSY PERKORMED?

(County)

22b. DATE SIGNED

(County)

NO.

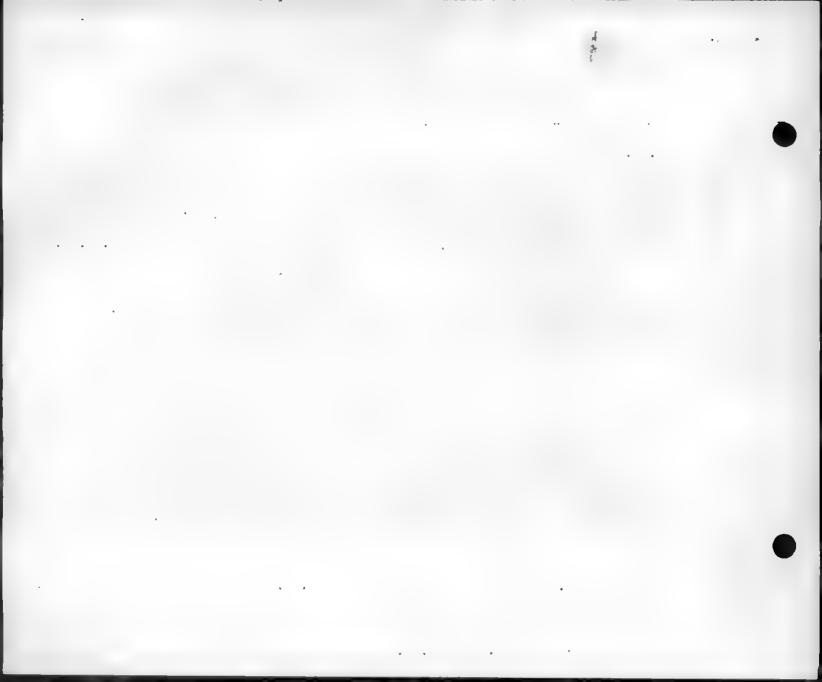
(Stote)

66

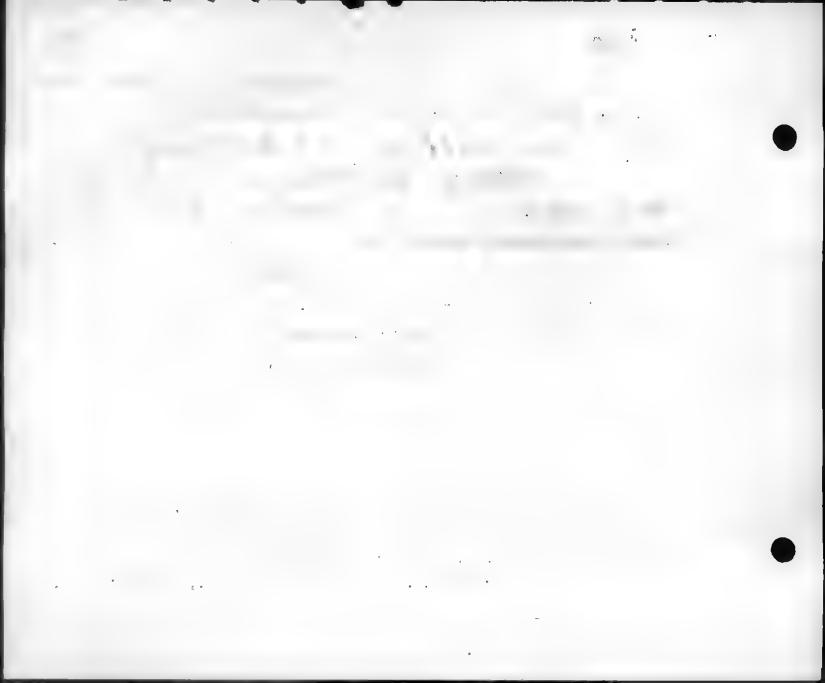
CERTIFICATE OF DEATH and 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) PLACE OF DEATH a. COUNTY Washington, D. C. Montgomery MARYLAND on papers. Pages 1 within 72 hours after by the f Pages b CITY OR TOWN (f autside carporate limits, C LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fawn) write RURAL and give nearest town) Bethesda, (rural 32 days d NAME OF HOSPITA, OR INSTITUTION (If not in haspital, give street address) _ d STREET ADDRESS 2511 Palmer Place U. S. Naval Hospital 3 NAME OF ely t Middle Lost 4. DATE Month DECEASED (Type or print) Francis FAGAN DEATH February Patrick 5 SEX 9 AGE (In years 6 COLOR OR RACE 7 MARRIED B. DATE OF BIRTH NEVER MARRIED last b rthday) 21 August 1885 Male Cauc DIVORCED WIDOWED 9 and in a 11 BIRTHPLACE (County & State, ar foreign country) 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired)
Retired Navy INDUSTRY Navy South Boston. Mass 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, or removal, Fagan Thomas Mary Conrov IS WAS DECEASED EVER IN U.S. ARMED FORCES? 5211 PalmerAdd@lace 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, ar unknawn) (If yes give war ar dates af service) Edith Leonard Washington, D. C. 60 6171 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY Henatoma IMMEDIATE CAUSE (o) _ DUE TO Canditions, if any, which gave nse ta immediate cause (a), **DUE TO** stating the underlying couse etached for use as the Dept. of Health prior to last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 200 ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) Haur o.m. While Nat While factory, street, office bldg , etc.) be de State l at work at work 21. I certify that (1) (this haspital) attended the deceased from Jan. 19 saw the deceased alive an Feb. 20 190 and that death accu , 19, 66, to Feb. 20, 19, 66 that H) (we) last 3 should | | with the S and that death accurred at 420A M, from causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE STAFF PHYS. director, page 3 should be filed v M.D. 22d ADDRESS LCDR MC USN Polglase U. S. Naval Hospital. Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 230 BUR AL CREMATION, 23d LOCATION (City or Town) REMOVAL (Specify) Feb 24-1966 Arlington National Arlington, Virginia 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 1661 Good Hope ADRES. Simmons Bros.

Washington, D. C.

requires that the death certificate be executed within 24 hours after death physician a attending phys permit. Then p signed by the burial-transit O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. has been TO FUNERAL DIRECTOR: After this certificate



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH a. CDUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) and deat completely filled in by the live carbon papers. Pages 1 event, within 72 hours after Gom MARYLAND write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, b. CITY DR TDWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) d. STREET ADDRESS 13 d, NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? NO X completely ive carbon p Middle NAME OF DECEASED 1966 DEATH (Type or print) AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. executed DATE OF BIRTH SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED physician and can please remay WIDOWED DIVORCED [12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND DF BUSINESS OR 00 certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal John Edward Farmer Florence Bussey 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 0 (Yes, no, or unknwn) | (If yes give war or dates of service) Elsie O. 578-10-4136 cremation, INTERVAL BETWEEN ONSET AND DEATH the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] n signed by burial-transit burial, crema PART I. DEATH WAS CAUSED BY: Cerebral metastasis mos the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Bronchogenic carcinoma Cenditions, If any, which has been se as the bu gave rise to immediate DUE TO cause (a), stating the underlying cause last. WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION FUNERAL DIRECTOR: After this certificate hirector, page 3 should be detached for use nould be filed with the State Dept. of Health i PERFORMED? YES DO NO T PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) (State) (County) MEDICAL 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. - Not While at work at work retained 21. I certify that (I) (this hospital) attended the deceased from e, and that death occurred at 5 4M, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING DIRECTOR O HOSPITAL **ADDRESS** 22c. PHYSICIAN'S NAME (Type) director, p Wolfe, Henry Sheridan St., Hyattsville, Md. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION. 23b. REMOVAL (Specify) Glenwood 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAD DIRECTOR **ADDRESS** VR A15 (4) · 20M 1/65



STATISTICAL RESEARCH AND RECO STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY COUNTY by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN III outside corporate limits, write RURAL and give negrest town; write RURAL and give nearest lown) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 3. NAME OF Month DECEASED OF Albert Garland R 1 mk (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE [In years | IF UNDER 1 YEAR last birthday) Months WIDOWED IN DIVORCED YEL. 10a. JSUAL OCCUPATION (Give kind of work геттом 10b. KIND OF BUSINESS OR INDUSTRY dans during most of working life, even if retired) Custodian van 0 13. FATHER'S NAME please 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 1 16. SOCIAL SECURITY NO.1 (Yes, no, or unkown) | (If yes giva war or dates of servica) 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)., INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Arterioselerotic Heart Disease Conditions, if any, which pave rise to Immediate cause **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, form, 1 20f. (City or lown) (County) factory, street, office bldg., etc.) While Not While Hour a.m. al work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from 1962, 19.... 10 Feb 13, 1966 that (1) (we) last saw the deceased alive on. 22a. SIGNATURE MED. PHYS. DIRECTOR PHYS. director, page be filed with t 22c. PHYSICIAN'S 77d. ADDRESS NAME (Type) 238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) REMOVAL (Specify) St. Luke's Lutheran Redland, Md.

Laytonsville, Md.

e. IS RESIDENCE ON A FARM? YES INO IN

PERFORMED?

(State)

22b. DATE

25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

SIGNED

TO FUNERAL VR A15 (4) 15M 7/61

24 FUNERAL DIRECTOR'S SIGNATURE

Francis H. Barber

8

completely

physician

affending

has been signed by

ending

6

After this certificate

RECIOR:

certificate be

the

ing inside dredi

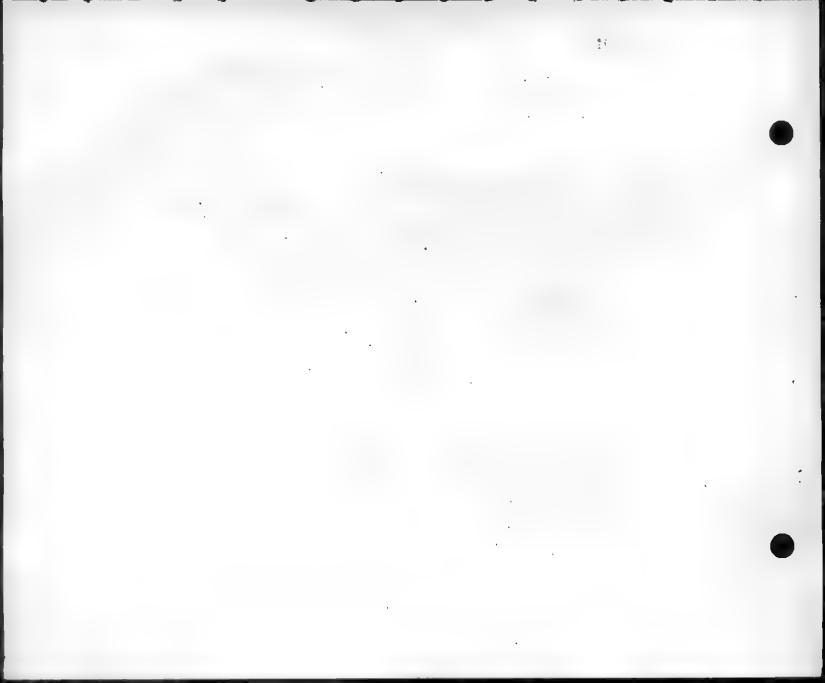
. "J:" 1

e 8 .

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

# #0.E		02494	CERTIFICATE OF DI	EATH	0~455
e funer e funer er eat	1.	PLACE OF DEATH a. COUNTY	(h) shift	RESIDENCE (Where deceased lived, If it b. COL	UNTY
a est		b. CITY OR TOWN (if putside correction of the Rural and give pearest	MARYLAND C. CITY OF TAY IN 1b C. CITY OF T	TOWN (If outside corpdrate limits, w	write RURAL and give neares (town)
in by S. Pag hours	_	silve sar	ing 2/2 hours 014	VER OPRIDA	15 - 1
filled in 72 him 72 h		d. NAME OF HOSPITAL OFFINSITI	ITION/off not in hospital, give street address) d. STREET A	NORTH BE	e. IS RESIDENCE ON A FARM?
stely f	3.		First Middle Last	14. DATE Mon	th Day Year
complet complet event, w		(Type or print) CHAR		tery OF DEATH 2	U 1966
	5.	SEX 6. COLOR OR RA	TO MARKIED THEY BY MARKIED	IRTH 9. AGE (In years last birthday)	s IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
and n and remo		USUAL OCCUPATION (Give kind of v	orkdone 10b. KIND OF BUSINESS OR 11. BIRTHP	YACE (County & State, or foreign count	
physician please rays, and in the second in	du	ing most of working life, even if re	Set likes litel Co. P. ens	reflocinia	COUNTRY)
phy en p	13	. FATHER'S NAME	14. MOTHE	R'S MAIDEN NAME	
n certifica tending pl ift. Then or remova	15	. WAS DECEASED EVER IN U.S. ARME	DFORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	KNOWN	7849
	ďΫ	es, no, or unkawn) (If yes give war or de	DFORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Les géservice) AIIKAS W. W. BETTE	VUCCI 1204 STLLE	BELGARDE R SPRING THA
it the deal an. d by the al ransit perr cremation,			y one cause per line for (a), (b), and (c). 1	·	INTERVAL BETWEEN ONSET AND DEATH
cian. cian. ed by transi		PART I. DEATH WAS CAUSE IMMEDIATE CA	ISE (a) Repending anes		minules
physic sign surial		Conditions, If any, which	(b) Cerely meter	losein	3 mo's
v requii		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO Carcinoma /to	6 Luny	6 mis
The lay or atto cate ha r use a ealth pi	FICATIEN	PART H. OTHER SIGNIFICANT CONI	ITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE CONDITION GIVEN II	N PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
JUAN: lospital certifi ched fo the fo	CERTIF	20a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EX	DEATH MINER)	nature of injury in Part I or Part II	of Item 18.)
ig PHYS by the P ter this e detace cate Dep	MEDICAL	20c. TIME OF INJURY Month, E Hour a.m. p.m.	ay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (factory, street, office at work at work	(Home, farm, ebidg., etc.)	(County) (State)
ned the State of t		21. I certify that (I) (this	nospital) attended the deceased from #16	, 1966, to Let	, 19 6, that (I) (we) last
CTO CTO Sho with t		saw the deceased alive on	19 6 and that death occur	red at 925 2M, from the cause	s and on the date stated above. 1 236. DATE SIGNED
y be y be age 3 age 3 illed w		Havef W.	Croper to M.D. ATTENDING	DIRECTOR PHYS.	Fel 6, 1966
Page 4 ma Page 4 ma TO FUNERAL director, pa should be fi		22c, PHYSICIAN'S NAME (Type) AAROA	DIVI DRAPER 106.	20 Georgia an	· Silver Spring It
TO HOSP Page 4 TO FUNE directo should	23	REMOVAL (Specify)	TE THEREOF 23C, NAME OF CEMETERY OR CREMATOR	LEBANO	N. PA.
	24	FUNERAL DIRECTOR	15 8655 GADDRESS 12	EED O	REGISTRAR'S SIGNATURE
VR A15 (4) 20M 1/65		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 c	DATE: 89 1966 (*	Marley Judge

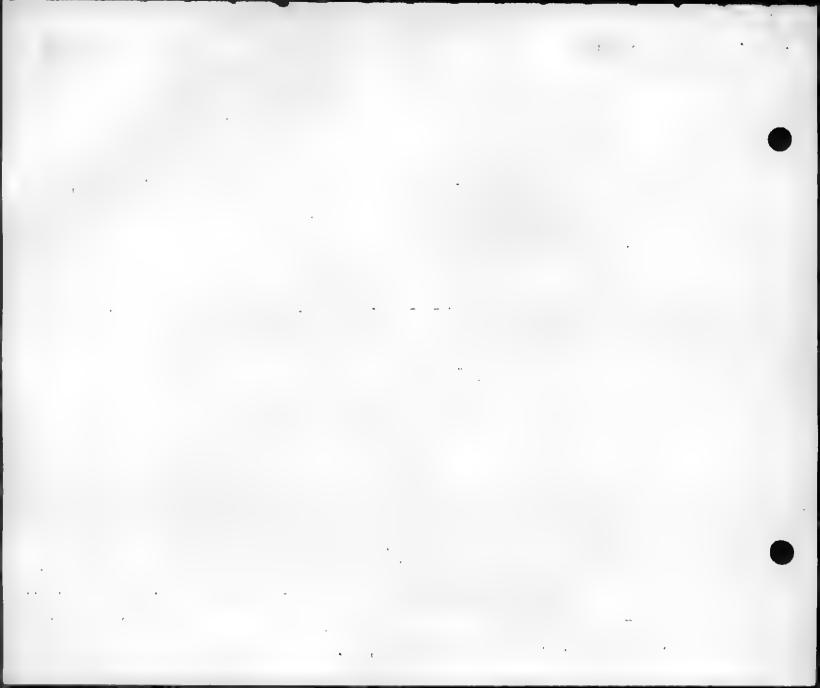


21

THE MORNITAL OR SITERING STANDING TABLE The law requires that the death certificale be executed within 24 hours after Meath. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the atterning prysicial and nompletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please Tempove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, additingly event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF ADS CERTIFICATE OF DEATH

136	25 D	OFKILLOVI	L OI BEATH		しゃまりし
1. PLACE D a. COUN Mo			2. USUAL RESIDENCE	E (Where deceased lived, If institution yland b. COUNTY	n: Residence before admission) Montgomery
	OR TOWN (if outside corporate limits.	MARYLAND	- CITY OD TOWN ON		
write	RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	Rockvi	outside corporate limits, write RU	KAL and give nearest town)
	OF HOSPITAL OR INSTITUTION (If not in he	ospital, give street address)	d. STREET AGORESS	tile	0. IS RESIDENCE
10		,		dar Court	ON A FARM?
3. NAME DE		Middle	Last	4. DATE Month	Oay Year
DECEASE (Type or	D Herel II		Last	DEATH Feb.	19. 19 66
5. SEX		NEVER MARRIED	8. OATE OF BIRTH	9. AGE (In years IF UNG	DER 1 YEAR IF UNDER 24 HRS.
Femal	White WIDOWED	OIVORCED	11/25/1886	iast birthday) Month	ns Oays Hours Min.
10a. USUALO during most		INO OF BUSINESS OR NDUSTRY			COUNTRY?
13. FATHER			Kentincky		. 717
AVI TATUER					
	Flynn			ite	
(Yes, ne. or u	rkown) I (If yes give war or dates of service)		INFORMANT	Address (1	Deughter)
	40	03-28-3909-1	Mrs. Georg	e Parrish -same a	address above
18. CAL	JSE DF DEATH [Enter only one cause per Ji	ne for (a), (b), and (c).)		,	INTERVAL BETWEEN
PAF	RT 1. DEATH WAS CAUSED BY:	11s trainter	time I he	man have	ONSET AND DEATH
5		45-07-070000	Concar - 1 con	The state of the s	132/12
Conditio	ns, if any, which \	cotroente	- : t	0	5 days
	se to immediate	exercine	ucco)		o days
	(a), stating the OUE TO				
	ng cause last. (c)				The Mile Hill Cook
PARTIL.	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELA	ITED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMEO?
JCA					YES NO NO
PARTIL. 20a. ACC OR CONT (IF EITH	CIDENT WAS UNDERLYING 20b. (RIBUTING CAUSE OF DEATH ER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	IRREO. (Enter nature of	injury in Part I or Part II of Item	18.)
₹ 20c. TI	ME OF INJURY Month, Day, Year 20d. ()	NJURY OCCURRED 120e. PLA	CE OF INJURY (Home, far	rm, 20f. (City or town)	(County) (State)
	our a.m. While	Not While facto	ry, street, office bldg., et		
ž	p.m. 19 at work	at work			
21.	certify that (I) (t his hospit el), attende			166, to few /9, 19	
	the deceased alive on	(4 19 6 6, and that	death occurred at/	M, from the causes and o	
22a. SI	GNATURE ()	11	ATTEMPANC - N	ATTACK	DATE SIGNED
	eliphen (10	mull M.O		DIRECTOR PHYS. 🔲 🗸	2-20-66
	YSICIAN'S AME (Type)		22d. ADDRESS		
	Stephen Croms	vell	615 V. Mon	tgomery Ave. Pod	kville. d
	. CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	M WH ATT	23d. LOCATION (City, town or	county) (State)
BULLON	AL 1 Spectfy it 2/20/66			Louisvil e,	Kentucky
24. FUNER	AL DIRECTOR	1334DORESECKVII	e Pike 25a. REC	D BY REGISTRAR 250. REGISTE	AR'S SIGNATURE
Tyson	Wheeler Funeral Home	Rockville, Md	. DAFEB	23 1956 Jelien	elso Junge



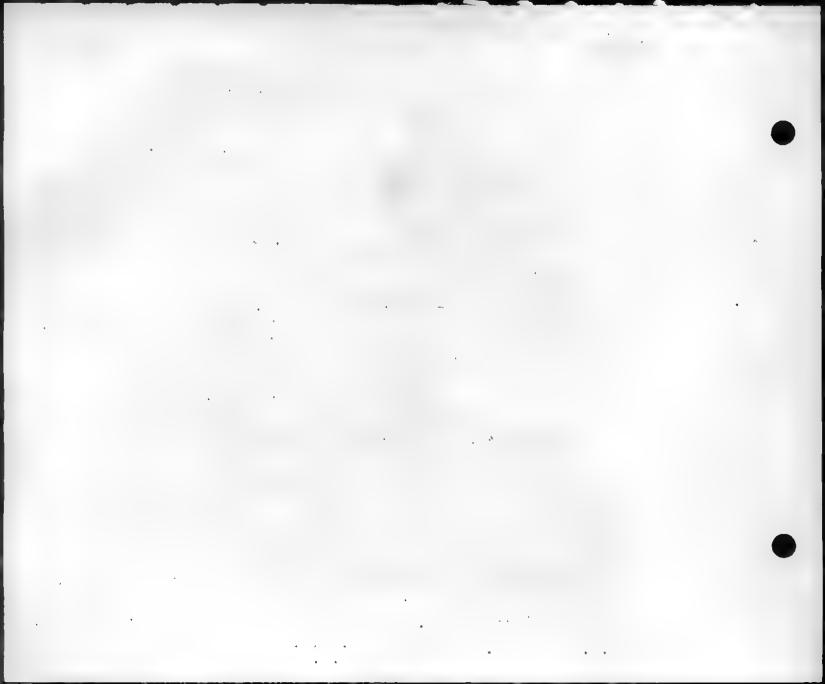
executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02496
CERTIFICATE OF DEATH

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
MONTGOMERY MARYLAND	STATE BY LAND B. COUNTY,
b. CITY OR TOWN diffoutside corporate fimits. C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town)
SILVER PRING 38 days	BUXTONSVILLE / /
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS . B. IS RESIDENCE
HOLY CRASS HOSPITAL	14000 COLUMBIA PIET VES NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) ROBERT Nixon	FLOUD DEATH 2 9 1966
TACAL MARKET	8. DATE OF BIRTH, 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
M CAU WIDOWED DIVORCED	1 26 94 Fast birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
POLICE DEPT. 7 IE!! CO (RETIRE	VA, I US, H
William Richard Floyd	14. MOTHER'S MAIDEN NAME
	Ida Carruthers
(Yes, no, or unkown) ((If yes pive war or dates of service)	INFORMANT Address
yes 577-30-5067 M	argaret S. Floyd same as #2
18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).)	11. 12 0 GE 2 INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	teast taken believe 24the
+3X DUE TO 11 1	1 4 1 7-
Conditions, If any, which (b) htplestances	- Untopersolerole
gave rise to Immediate cause (a), stating the DUE TO	
underlying cause last. (c)	neman North
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE LERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
5 Intestinal Costruction	· (. Jejunum) YES NO D
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT REL Description of the contribution of t	URRED. (Enter Nature of Injury In Part I or Part II of Item 18.)
12 trans and facts	ICE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
p.m. 19 at work at work	1 - 1
21. I certify that (I) (this hospital) attended the deceased from	Jan (1966 to fel 9, 1968, that (1) (we) last
saw the deceased alive on 7 19 9 1946, and the	death occurred at FPM, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Beymand a Suty walk M.	
220 PHYSICIAN'S NAME (Type) SERNARD A FITZSCRAL	22d. ADDRESS + RINS AS MAL.
WERTHER H 1112 CEAL	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	
burial 2/12/66 Ft. Lincol	
24. FUNERAL DIRECTOR 2901 ADDRESS ST. St.	N.W 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
The S.H. Hines Co. Washington.	D C DATE- 1 = 1 5

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 apd 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. death D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certif Page 4 may be retained by the hospital or attending physician. TO HOSPITAL VR A15

5 (4) 1/65 20M





TO FUNERAL DIRECTOR: After this certificate has been signed by the attending buystolan and completely filled in by the fuperal director, page 3 should be detached for use as the burial-transit permit. Then passe remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deads. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12498
CERTIFICATE OF DEATH

-	09700				
1.	PLACE OF DEATH			(Where deceased lived, If institution:	Residence before adgrission)
1	222	MARYLAND	a. STATE	b. COUNTY	
-	b. CITY OR TOWN of outside comprate limits.	LENGTH OF STAY IN 1b	C. CITY OR TOWN (If DU	kside corporațe limits, write RUR/	AL and give nearest town)
	b. CITY OR TOWN if outside corporate limits, write RURAL and give neves town)	C 4/	01	· / / /	, /
1_	Rensington	Smouths	Washer	realex Wil	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi	Ital, give street address)	d. STREET ADDRESS	1	B. IS RESIDENCE ON A FARM?
٠ [ر	Carroll Hall Much	in Home	1155- note	in home Min	U. YES NO. NO.
3	. NAME OF First	Middle	_Last 4	4. DATE Month	Day Year
	(Type or print) EDITH	V.	FORD	DEATH FEBRUARY	3 1966
5	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE (In years IF UND) last birthday) Months	ER 1 YEAR IF UNDER 24 HRS.
	Temple Milkit WIDOWED	DIVORCED	6-7-75	90 yrs. Months	Days Hours Min.
10	Oa. USUAL OCCUPATION (Give kind of work done, 10b. KIND	OF BUSINESS OR	11. BIRTHPLACE (Coun	ty & State, or foreign country) 12.	CITIZEN OF WHAT
al	11 11 1 1 1 1 1	JSTRY	ment		COUNTRY?
14	3. FATHER'S NAME	Tome	14. MOTHER'S MATDEN	NAME	2.0100
1		•	may 1	1 me	
1-4	Janel Removels	eili oraupitus)	Margary	J Marks	1
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC Yes, no, or unknwn) ((fyes give war or dates of service)	CIAL SECURITY NO. 17.	INFORMANT	Address	yours High sul
15	116-	ne Con	I E. Brown	ning 17-Vackur	ay Ryd
-	18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]		7	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	PAULADIA	THELIA DA	5 / 6	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	VON THEY	1 11 KON BUS	3 (3	1324
	Conditions, if any, which I DUE TO	TERIOS CLERO	THE HEA	ART DISEASE	-
	gave rise to immediate	LIGOSCLECC	3/10	12/ 20301136	
	cause (a), stating the DUE TO	1-5-/15-0	1	/ >	
1,	(0)	ERALIZED		RIOSCLEROSIS	
Ē	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IGTO DEATH BUT NOT RELA	TED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART 1	a) 19. WAS AUTOPSY PERFORMED?
, S	SEN	14114			YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW NUTRY OCCU	IRRED. (Enter nature of In	lury in Part I or Part II of Item :	18.)
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
180	20c. TIME OF INJURY Month, Day, Year 20d. INJU	RY OCCURRED 20e. PLA	CE DF INJURY (Home, farm	, 20f. (City or town) (C	(State)
MEDICAL	Hour a.m. While	ין מענ זונוווט ריין	ry, street, office bldg., etc.	3	
25		at work	20 10		15
	21. I certify that (I) (this hospital) attended	the deceased from 2	= (7 , 194	1 to FEB. 3, 19	
	saw the deceased alive on FEB. 3	19-76-, and that	t death occurred at 95	M, from the causes and on	
	228. SIGNATURE	71	ATTENDING ME	D. STAFF	DATE SIGNED
	(Blown Thy of	M.D	PHYS. L. DIE	RECTOR PHYS.	2/3/66
	22c. PHYSICIAN'S NAME (Type)	いわたこの	22d. ADDRESS	256 youray	m.
_	20	WIDER		they chose the	
2	38. BURIAL CREMATION, 23b. DATE THEREOF 2	3c. NAME OF CEMETERY	OR GREMATORY	23d. LOCATION (City, town or	county) (State)
	Burial 2-8-66 C	enguession	ral Esses.	Mashington	N.C.
2	4. FUNERAL DIRECTOR	ADDRESS	25a. REC'D	BY REGISTRAR 25b. REGISTRA	AR'S SIGNATURE
1	W. Mr. Phamber to An	. 517-11-1	TATE DATE	1903	" Judge
=	0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0	0, 1, 000	- A () DOLL	1000	0 0

VR A15 (4)

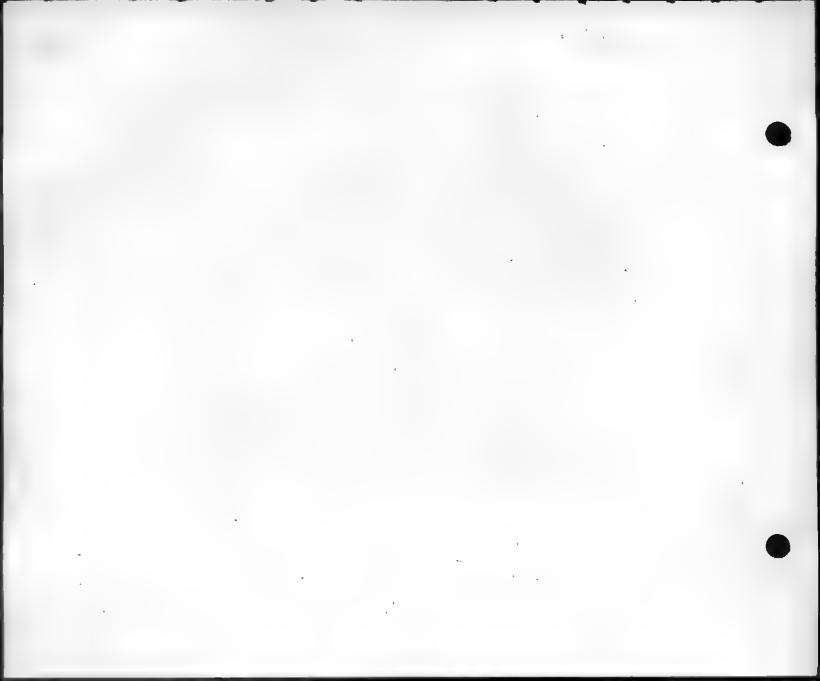


THE HOSTITAL OR ATTENDING THYSICIAN: The law regulres that the leath certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending mysician, and completely filled in by the funeral director, page 3 should be metammed for man as the barrial-transit permit. Then pleams ramove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the page.

52

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAYLAND									
	02499		CERT	FICATE	OF DEATH			02360		
1.	PLACE OF DEAT 8. COUNTY	Н		1 2.		E (Where deceased lived, If In:		sidence before admission)		
	600	tgomery	M	ARYLAND	a. STATE	uland b. cour	m	entagnere		
	b. CITY DR TOW	/N'(if outside corporate limit			CITY OR TOWN (IF	outside corporate limits, wa	Ite RURAL &			
	// 1	and give nearest town)	4/11		12 11	1 M		, ,		
	J///2/	SPITAL OR INSTITUTION (if n	76 QK	43	STREET ADDRESS	10, //ARY/	gNO	e. IS RESIDENCE		
	1/ / A	SPITAL OR INSTITUTION (IT II	ot iti nospitai, give stre	et address) d.	. SIKEEI ADDKESS	1, 0	01	ON A FARM?		
	Holy C	ROSS HOSPITA	4		8124 HAMI	HOD Speing	Kdi	YES NO X		
3.	NAME OF DECEASED	First	Middle		Last	4. DATE Mont	h	Day Year		
	(Type or print)	GRACE	F.	Fu.	1/22	DEATH FE &		16 19 66		
5.	SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MAR	RIED 8.	OATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1	YEAR IF UNDER 24 HRS.		
1-0	mak.	White WID	OMEO 🔼 OIAO	RCED 7	1-2-02	63 Vrs.	Montas	Days Hours Min.		
10	USUAL OCCUPA	TIDN (Give kind of work done	10b. KIND OF BUSINES	S DR 1	LL. BIRTHPLACE (Co	unty & State, or foreign country) 12. CIT	IZEN DF WHAT		
BAL	SETRE?	ting life, even If retired)	NAWUFACTO	LEINE	MA	£5.	COL	JNTRY?		
13.	FATHER'S NAM		11,110001 11-1		4. MOTHER'S MAIO	EN NAME		<i></i>		
	A De	NAPO FAD	RECL	1	ANNI		AN			
15	WAS DECEASED	EVER IN U.S. ARMED FORCES?	16, SOCIAL SECURIT	YNO. 17. INF	FORMANT	Addre		7,600 A 8 15		
(Ŷĕ	es, no, og unkown)	(If yes give war or dates of service	0 44	0	10 to 0	Addre	03 1396,	71/2708 10		
_	No	NOVE	MAKNOW	C1973.	RLES E.	GKEENE-81.	27/110	4/1 Ton WRING		
		DEATH {Enter only one cause	per line for (a), (b), a	nd (c).]	,		Ì	INTERVAL BETWEEN ONSET AND DEATH		
	PART I. OEATH WAS CAUSED BY: Garcinoma tosis							9 000		
	174	Y OUE TD								
	Cenditions, If		Adend	Carcin	oma of	uterus	ĺ	1 45		
	gave rise to	Immediate (71.0		- 1			7		
	cause (a), s underlying caus	tating the								
No		se last. / (c) SIGNIFICANT CONDITIONS COI	NTRIBUTING TO DEATH E	UTNOTRELATED	TO THE TERMINAL D	ISEASE CONDITION GIVEN IN	PART 1(a)	19. WAS AUTOPSY		
ATI				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-1-1-7	PERFORMED?		
IFIC	20a APPIDENT	WAS UNDERLYING []	20b. DESCRIBE HOW I	NILIDA OGGINDE	ED /Enter nature of	Injury in Part or Part o	d Itam 10)	YES NO		
CERTIFICATION	DR CONTRIBUT	ING CAUSE OF DEATH	SOD. DESCRIBE HOW I	NJURI OCCURRE	FOT (First ligitite of	injury in Part 1 of Part 11 t	/t item 10.)			
CA	20c. TIME DF Hour a.		20d. INJURY OCCURRE		DF INJURY (Home, far street, office bldg., et		(Coun	ty) (State)		
MEDICAL			While Not While at work							
_	21. I certi	fy that (I) (this hospital) a	ttended the decease	d from J	an	65 to Feb 16	. 1966	that (I) (we) last		
		ceased alive on Fact	15 1966	and that de	ath occurred at 8	25AM, from the causes				
	22a. SIGNATU							TE-SIGNED		
		John Lowell	nce (dela	⊌/ M.D.	ATTENDING W	IEO. STAFF PHYS.	27	16/966		
	22c. PHYSICI		100 0000	10001	22d. AOORESS	4 0				
	NAME (ype JOHN LAW	RENCE U	MERY	10110 Georg	12 Ave., Silve	r Spr.	ing Md		
238	BURIAL, CREM	MATION, 23b. DATE THERED	OF 23c. NAME O	F CEMETERY OR	CREMATORY	23d. LOCATION (City, to	own or cour	(State)		
	REMOVAL (SD	ecity)	6 MT. B.	NEDI	cy Lem.	BOSTUN	1, N	1955.		
24			ADDRESS		25a_ BEC	D BY REGISTRAR 25b., R	EGISTRAR'S	SIGNATURE		
4	I.W CH	AMBERS, INC.	, 5160DR 2	ACINE!	TO FEB	23 1956 40	larle	o Judga		
	- /				UATE	11 0 11 - 11		1/ 1/		



and 2 after death. hours E filled within 72 within completely carbon remove c executed physician in please r <u>.</u>= þe and certificate removal, attending permit. Then the attend it permit. 5 death cremation, burial-transit burial, cremat signed by retained by the hospital or attending physician. been the bor to t as th certificate has for use Health PHYSICIAN: After this certified of State Dept. of of should be DIRECTOR: / age 3 should liled with the be page

CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY Pages 1 e. STATE b. COUNTY b. CITY OR TOWN of outside corporate finits, write BURAL (and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) papers. 1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) NAME DF 3. DATE DECEASED 2 (Type or print) DEATH DATE OF 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Malo MIDOMED 1Da. USUAL OCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS OR (County & State, or foreign country) during most of working life, even if retired) FATHER'S, NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. DEMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). I. DEATH WAS CAUSED BY: CEREBRAL HEMORRHAGE DUE TO Conditions, If ony, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. NO CERTIFICAT 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. 22a. SIGNATURE ATTENDING MED. DIRECTOR PHYS. TO FUNERAL PHYSICIANIS 22d. ADDRESS director, p should be 1 NAME (Type) 23c. NAME OF CEMETERY OR SEEMATORY BURIAL, CREMATION, 23b, DATE THEREOF Burial (Soecify) Wheaton Feb 12, Gate of "aaven 1966 ADDRESS 24. FUNERAL DIRECTOR REC'D BY REGISTRAR I 25b.

AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months Davs Hours 12. CITIZEN OF WHAT COUNTRY INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO K YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 1) of Item 18.) (State) (County) that (I) (we) last .1966, and that death occurred at 6354M, from the causes and on the date stated above. 22b. DATE SIGNED Page 4 may b LOCATION (City, town or county) Md. REGISTRAR'S SIGNATURE F. Gasch s Sons Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

IS RESIDENCE

ON A FARM? NO X

Year

19

YES

0

VR AIS (4)



TO FUNERAL DIRECTOR: After this certificate has been signed by the attmeting by scian and completely filled in by the twneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after them. be executed within 24 hours after death. TO HOSPITAL DR ATTENDING PRYSICIAN: The Two requires that the deat certificat Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02509
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Mont on ry, MARYLAND	e. STATE N. 12, 121d North Control
b. CITY OR TOWN (if putside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Yarit wn Villa 30 years +	Yorktown Village Md (Wasiin to 13
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADORESS / J. O. IS RESIDENCE
	521) Mass. Av., Yes No R
3. NAME DF First Middle DECEASED	Last 4. DATE Month Bay Year
(Type or print) Josephine	Gagor DEATH File 3 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
Female White WIDOWED X DIVORCED N	10v.11,1893 Toyrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Glyc kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
Medical Social Worker	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles B. Chapman	Frances Chatterton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unknown) (If yes give war or dates of service)	hn C. Gager, (same asItem 1.) Sor.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: GRUTE MURAL	ONDET AND DEATH /
IMMEDIATE CAUSE (a) COCCO TIME TO THE CAUSE (A)	vacus infancion recons
TO DUE TO 1/	Part de la constitución de la co
conditions, If any, which gave rise to immediate (b) Negherluscusc	heart disease years
	ndiomeglia
C C	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ICA I	YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 202. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)
202. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Table Truck Hills T	ry, street, office bldg., etc.)
	1000 - 71 9 -11 -
21. I certify that (I) (this hospital) attended the deceased from	17.00, 19., to 20. 7., 1960, that (I) (we) last
saw the deceased alive on 7.44 4 19/da, and that	t death occurred at 4 P.M, from the causes and on the date stated above.
OVK. Pered	ATTENDING A- MED STAFF - 2 - 13 -/-/-
22c. PHYSICIAN'S A D	PHYS. DIRECTOR PHYS.
NAME (Type) OP KYLAND	1220. ADDRESS 49 St NW Wash DC
23a. BURIAL, CREMATION I 236. DATE THEREOF 23c. NAME OF CEMETERY	100 OF CONTRACTOR 100 OF
REMOVAL (Specify)	37 1 7
Burial Figh. 16, 1966 Arlington,	LOC. GEALD BY GENERAL PORT OF THE STATE OF ALL STATE OF A
MINON, WEGO WISH	D.C. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Da Vol Funeral Home, 2224 Wis Ave.,	DITE B 1 3 1988 2 what India



TO PETERTAL OR MITEROL MYSE MAN: The faw requires that the leath certificate be executed mithin 24 haum after death.

| Rage 4 may be retained by the | pital or attending hysician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please lender carbon papers. Pages, 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALT	INODE 1 MÁDYLÁND
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMORE 1, MARYLAND
1. PLACE OF DEATH a. COUNTY / 2. USUAL RESIDENCE (Where deceased lived,	If Institution: Residence before admission)
MONTE-omeRU MARYLAND "MARYLAND"	7
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b, write RURAL and give neares town)	ts, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
Kensington GARdens 5130 Fisher Ro	ON A FARM? YES NO
3. NAME III DECEASED First Middle Last, DATE	Month Day Year
(Type or print) Samuel I. Jaran Fel	b. 15 1966
male while whomes I all again last birth	years IF UNDER 1 YEAR IF UNDER 24 HRS. Iday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR WORK 11. BIRTHPLACE (County & State, or fereign c industry	
13. FATHER'S NAME	mbia U.J.A
Second 1 1 Desiding	
	Address
(Yes, no, or unknown) (If yes give war or dates of service)	013-27 ders & E.
18. CAUSE OF DEATH [Enter only one cause per lique for (a), (b), and (c),	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Contains selenate lecard des	2000 14h
DUE TO	
gave rise to immediate (b) George Conditions, if any, which	200
cause (a), stating the DUE TO / underlying cause last. (c)	
	YEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
e Correspond of prestate	YES NO L
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part I) or Part I or Part I or Part I or Part II or Part	rt II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, Place of Injury) 20f. (City or too factory, street, office bidg., etc.)	wn) (County) (State)
20c. TIME OF INJURY Month, Day, Year Hour a.m. While at work at work 14 A 14 A 15 A 16	
21. I ceptify that (I) (this hospital) altended the deceased from the 21, 1965, to 105	15, 19 6 6 that (I) (we) last
saw the deceased alife on 11 / 19 (6.6., and that death occurred at 7 P.M., from the ca	uses and on the date stated above.
M.D. PHYS. WIED. TOR DIRECTOR PHYS.	0 2/15/66
22c. PHYSICIAN'S NAME (Type) HE KNEUZDURS 7852 (6-56)	UW 60612
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C	city, town or county) (State)

ADDRESS

- Gd. Hope Rd. SE. Wash.DC.

o. REGISTRAR'S SIGNATURE

25b.

25a, REC'D BY REGISTRAR DATE B 17 1966

VR A15 (4) 15M 4-64

FUNERAL DIRECTOR

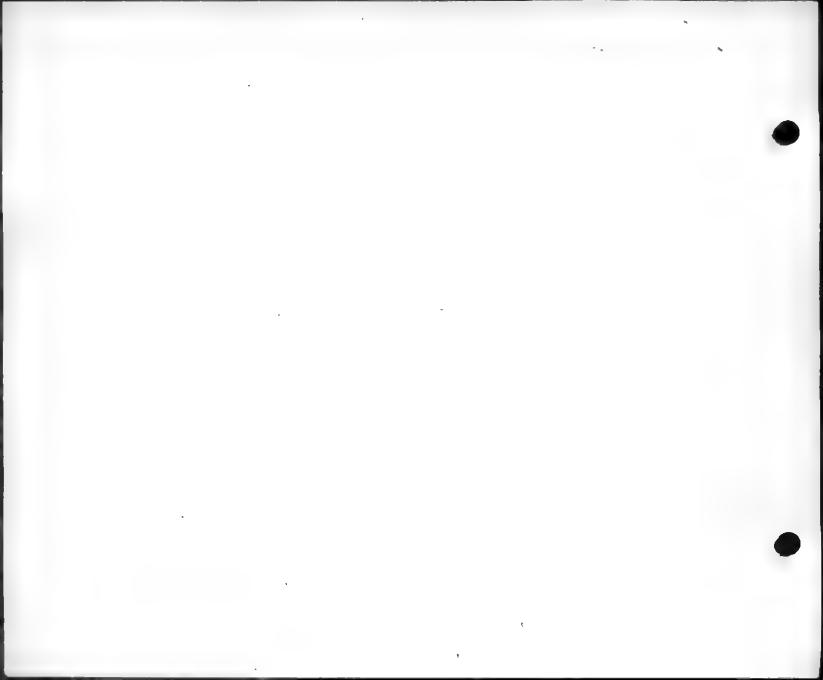
Bros.

1661-

Simmons

Dir man id.

FOR 3	ALE	72		02503	141	EDICAL EXAMI	MEK 2	CERTIFICATE O	r DEALU		74564
EALTH	DERT.	7		COUNTY Montgoi	merv				Where deceased lived, if ins		before odmission)
3 to Page	death	-	ŀ	CITY OR TOWN (If outside corp		MAI LENGTH OF STAY	RYLAND	1	Iside corporatem ts, write		
and M3.	ote Deportment hours ofter deat			write RURAL and give nearest	town)		111 115			KUKAL UNU GIVE	/
2.2.	portm ofter	ŀ	_	Silver Spi	Clng	DOA		d STREET ADDRESS	kville	/2	e IS RESIDENCE
<u> </u>	9 27	20	,	Holy Cros					lar Court		ON A FARM?
th iges h fo	e State De 72 hours		2 1	IAME OF	First 5	Middle		Losi		A	YES NO D
ter death I Give Pages ing with for	the St in 72		1	ECEASED	avid	Cornel	1110	Gentry	AF	bruary	Doy Year 5 19 66
offer of Give	with th	-	5 5			RIED NEVER MARR		8 DATE OF BIRTH	9 AGE (In year	s I IF UNDER 1"	
`				Male Whi				10/5/17	lgstb rthdoy) Months (Doys Hours Min
hours tem 1	and 2 event	1		USUAL OCCUPAT ON (Give kind of		Ob K ND OF BUSINESS OR	., [11 BIRTHPLACE (State	or fore an country)		ZEN OF WHAT
	-			ig most of work ng life, even if reti	red)	NDUSTRY Pransporta	tion		Carolina	COU	NTRY?
Ele	poges in any	ŀ	13	Bas driver FATHERS NAME		II diispor co	LLTOI	14 MOTHER'S MAIDEN I		lable	DA
pen kon		- 1		Frank Gentr	. 7				Chava.	TIGNIC	
	Œ 6	-	15	WAS DECEASED EVER IN U.S. ARME	D FORCE 5?	16 SOC AL SECURITY NO	17	INFORMANT	A	ddress	
- Fe - Fe	mit.		(Yes	no or unknown) (If yes give wo	r or dates of service)	241-07-159	L Wi	ife, Beula	h Geniry	Same	address
d be executed d pending in Chref Medicol R	buriol-tronsit permit. motion, or removal.	ŀ	T	1B CAUSE OF DEATH (Enter or			1			1	NTERVA, BETWEEN
pe de le f	nsit or re			PART I DEATH WAS CAUSE			onart	thrombosi	R		ONSET AND DEATH
word the Ch	1-tro			4201	DUE TO		J		_		
	orio			Conditions, Fony, which gove	(b)	Coronary	arter	ry heart di	sease.		
the share the	o buriol-tr cremotion,			nse to immediate cause (a), stating the underlying cause	DUE TO						
ing ing	, OS			last.	(c)						
s certificate st b, writing the forwarded to	used as burial,		<u> </u>	PART II OTHER SIGNIFICANT CO	ONTRIBUT	ING TO DEATH BUT NOT R	LATED TO	THE TERMINAL DISEASE COM	DITION GIVEN IN PART 1(0		9 WAS AUTOPSY PERFORMED?
this cote,	be u	2	ğl								YES NO
4=			CERTIFICATION	200 EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐	20	b. DESCRIBE HOW INJURY	DECURRED	(Enter nature of injury in	Part or Part II of Item 18)	,
INEK: e certifi should	should t, prior			CAUSE OF DEATH							
<u>_</u> • £ ₹	F m =		MEDICAL	20c TiME OF INJURY Month, Di		Od INJURY OCCURRED While Not While The Company	20e PLA	CE OF INJURY (Hame, farm lary, street office bidg , etc.)) (Coun	ty) (State)
4 0 0			₹ ,	p m	19 01	WOLK CO DIWOLK CO					
execute	umed for y IRECTOR: Po designoted			21. I certify that I too						nquiry 🔀	and in my opinion
e ey	Sign			deoth resulted from:	Natural couse	s X Acident], Suic	ide [], Homfoide	· · · · · · · · · · · · · · · · · · ·	monner [
pleose direct	de Se		-	ACTUAL	2//	11/1/2	1	CHIEF MEDICAL			22. DATE SIGNED
al o	ALL ALL			SIGNATURE /	alle	1100	reg.	W.D ASSISTANT MED	CAL EXAMINER	7 0	10 6 6
necessory, property from the funeral	moy be retained for y FUNERAL DIRECTOR: Porteolity of the second of the	.		EXAMINER'S RELL	TEN K) REAL	8/M	Alidess Sifee		tebr.	6,1766
neces the fu	O FUNE Health	F	230		DATE THEREOF	23¢ NAME OF CE	ETERY OR		23d LOCATION (City o	r Town) ((County) (State)
2 == -	^ P ==		۲	REMOVA (Specify) Fell	9, 1966			a+ional	Arlingto		dinin
		-	_	FUNERAL DIRECTOR	1331 Do	olar 1 ADDRESS	,			REGISTRAR'S SIG	
	A15ME (5) M 1/66			Apout theefel.	18 4 TH	cky lle Pik	र	DATEB	8 1966	2,000	and the



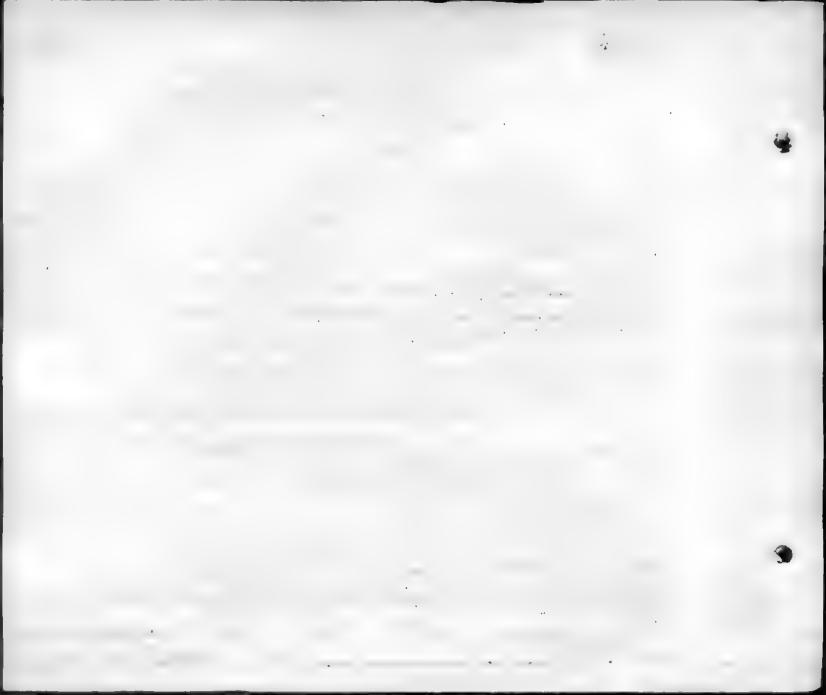
FOR STATE HEALTH DEPTS 1, 2, and 3 to the funeral director. Page ge 5 may be retained for your files. and 2 with the State Department of-within 72 hours after death. is necessary Give Bags 1, 2, ER: This certificate should be executed within 24 Office along with forms burial-transit permit. cremation, please execute the certificate, writing the word "pending" 4 should be forwarded to the Chief Medical Examiner's CO FUNERAL DIRECTOR: Page 3 should be used as a bleath or its designated agent, prior to burial, cremation. MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) - COUNTY MARYLAND b. CDY OR TOWN A outside corporete limits E LINGTH OF STAY IN 16 GOTOWN If outside corporate limits, write RURAL and give nearest town! write RURAL and give offerest town) d. NAME OF HOSPITAL INSTITUTION (if not in pospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO V 3. NAME OF Last 4. DATE DECEASED OF (Type or print) DEATH 19 66 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX DATE AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) Months Days WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHERS NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SECURITY NO. (Yes, no, or unkown) | (Ifyesgivewarordatesofservice) 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying nauce fast. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e); 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20m. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert I or Pert II of Itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH, MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) [Stelle] factory, streat, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that I took charge of the remains described above, held en Autopsy Inspection Inquiry and in my opinion death resulted from-Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER BATE SIGNED SIGNATURE DEPLIES MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street, city, lown, or county) CEMETERY OR CREMATORY 224. BURIAL, CREMATION. 22d. LOCATION (City, town, or county (State) REMOVAL (Specify) Heaven Cemetery Burial Silver Spring Maruland 23. FUNERAL DIRECTOR REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

VR AISME SM 1/63



TO HOSPITAL OR ATTENDING PHYDICIAN: The law requires that the death certificate be executed within 24 liours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then page 3 should be detached for use as the burial-transit permit. Then page 3 should be filed with the State Degt. of Health prior to berial, cremation, or removal and page event, within 72 hours after beath.

> VR 415 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1		UZ5U5 CERTIFICAT	E UF DEATH	1.4400
		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: A	tesidence before admission)
		a. COUNTY MONTGOMERY MARYLAND	a. STATE b. COUNTY	A. V
-		b. CITY OR TOWN (if outside corporate limits, if c. LENGTH OF STAY IN 1b	c. CITY DR TOWN (If Butside corporate limits, write RURAL	and give nearest town)
П		write RURAL and give nearest town)	0 5 = 10/11	
-		TAKOMA /K 36 hes 434	14 1) E L D T	B. IS RESIDENCE
L		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	ON A FARM?
I		WASIFINGTON DAN 9 HOSID	1814 (1ETZEROTT	YES NO X
1	3.	NAME OF FIRST Middle	Last 4. DATE Month	Day Year
1		(Type or print) MARGARET ELIZABI	ETH GERARDY DEATH 2.	14 19 66
-	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years IF UNDER last birthday) Months I	
		WIDOWED TO DIVORCED TO	8 20 03 last birthday) Months	Days Hours Min.
	IDa.	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	1 11. BIRTHPLACE (County & State, or foreign country) 12, C	ITIZEN OF WHAT
ľ	durk	ing most of working illip, even if retired) INDUSTRY	D.C.	DUNTRY?
	13	FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	4014
ı	10.	PATTER STRAINE	14. MOTHER'S MAIDEN HAME	0
		JOHN H NHODES	Jernette Heart	ley
	15. (Yes	WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY ND. 17. s, no, or unknown) [(If yes give war or dates of service)]	INFORMANT	1
1.			M. Canart.	· V
ľ	П	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
1	-1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MUSCARDIAL	INFARCTION	12 HOURS
ı	-1	1/ /		
1	- 1	Conditions, If any, which \ ATTER 105CL.	EROTIC HEART DISEASE	BUEARS.
-	- 1	gave rise to immediate	A TO THE PROPERTY OF THE PARTY	/
		cause (a), stating the DUE TO		
	۶l	underlying cause last. (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART I/a)	119. WAS AUTOPSY
	CERTIFICATION			PERFORMED?
7	2		WERE IS YEARS.	YES NO
	듄	20a. ACCIDENT WAS UNDERLYING TO COURT DESCRIBE HOW INJURY OCC DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18	.)
		(IF EITHER, NOTIFY MEDICAL EXAMINER)		
1	0 1	fact	ACE DF INJURY (Home, farm, 20f. (City or town) (Cou	unty) (State)
1	2	Hour a.m. While Not While p.m. 19 at work at work	ory, street, onto bridg., etc.)	
П	² ·	21. I certify that (I) (this hospital) attended the deceased from	UVNE , 19/3 to 2/14, 196	(c, that (l) (we) last
1	- 1	saw the deceased alive on 2/14 19 66, and that	at death occurred at M, from the causes and on t	
	- 1	22a. SIGNATURE		ATE SIGNED
	- 1	Helpw true.	D. PHYS. DIRECTOR D PHYS.	
1	ŀ	22c. PHYSICIAN'S	22d. ADDRESS	
1	i	NAME (Type) HUGH WITREV	7105 - RIGGS RD HVAT	TOVILLE, MAD
	23a.	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 1 23d. LOCATION (City, town or co	unty) (State)
	/	REMOVAL (Specify)	7 11	i a fort
1	24	FUNERAL DIRECTOR ADDRESS	25a. AEC'D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
1	-7.		FFB 16 1966 May	les Judge
X	-	PATTINGLY YUNDARL KOMP WASTINGTON D	DATE LU TU TUUD	0



DIVISION OF STATISTICAL RESEA ESTON STREET, BALTIMORE 1, MARYLAND tem #2b,c funeral death. Ifter death. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH 1. A COUNTY a. COUNTY TOWN Affortside comparate limits, write RURAL and give nearest town) STATE n signed by the attending physician and completely filled in by the burial-transit permit. Then please remove carbon papers. Pages I burial, cremation, or removal, and in any eyent, within 72 hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and glye nearest town) c. LENGTH OF STAY IN 1b STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? NO N requires that the death cartificate by exacuted within DATE NAME OF 4. Month Middle Day DECEASED 0F JLOVER EB 66 (Type or print) DEATH 19 AGE (In years | IF UNDER 1 YEAR | last birthday) | Months | Davs 5. COLOR OR RACE DATE OF BIRTH 8. 7. MARRIED NEVER MARRIED Months Days Ноига WIDOWED OJVORCED T 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) FATHER'S NAME INDUSTRY Own home OYK MOTHER'S MAIDER NAME Anch M 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Acton 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) Sprine INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause penline for (a), (b), and (c).] O Was TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transi should be filed with the State Dept. of Health prior to burial, crem PART I. DEATH WAS CAUSED BY: OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO T YES [20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL (State) 20d, INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While at work Not While at work ATTENDING 19 p.m. 1965 to that N. (we) last 21. I certify that Na (this hospital) attended the deceased from and that death occurred att 20 A.M., from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED SIGNATURE ATTENOING PHYS. MED. DIRECTOR rd HOSPITAL C Page 4 may b ADDRESS PHYSICIAN'S NAME (Type) Columbia BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) East Parm Cometeru 0/202210 REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **FUNERAD DIRECTOR** VR A15 (4) 11/104 SOMANO.

15M 4-64

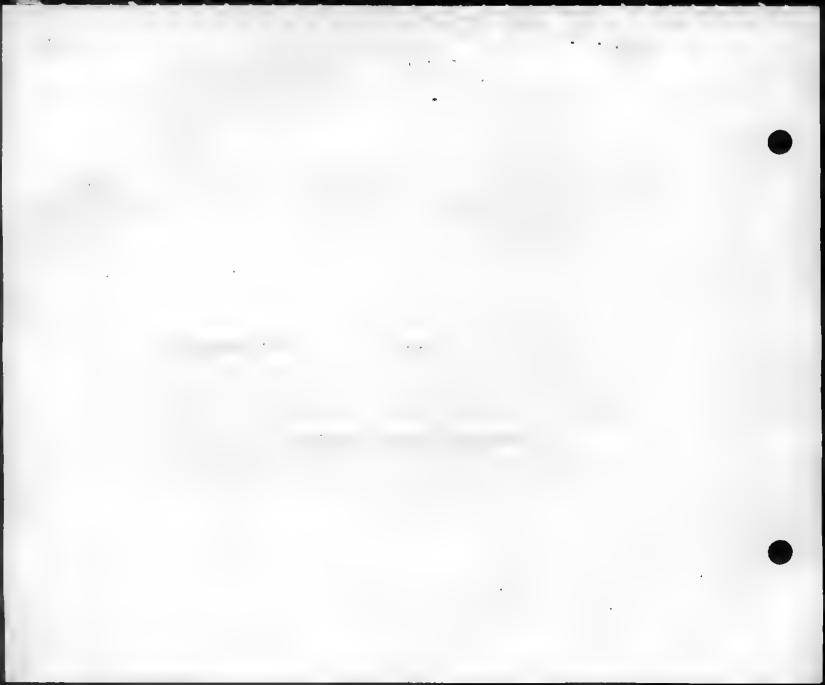
Living the in filled in morning home.

.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02503 CERTIFICATE OF DEATH

	U A D U D U D U D U D U D U D U D U D U		0 1 0 (
1.	PLACE OF DEATH 8. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
	Montcomery MARYLAND	mary (and b. county monte	Semery
	b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN of outside corporate limits, write RURAL	and give nearest town)
	write RURAL and give nearest town)	Rockville	
_	d. NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	6. IS RESIDENCE
	11 0 2/	3 5	ON A FARM?
_	Holy Cross Hospital	604 MONROE DE 1	Ty Tyes No De
3.	NAME OF DECEASED (Type or print) Pennis Paul	Gooding Jy DEATH February	Day Year 19 6 6
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1	
1	MALE ULTE WIDOWED DIVORCED	February 18,65 last birthday) Months yrs.	Days Hours Min.
10a	a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	1 11. BIRTHPLACE (County & State, or foreign country) 12. C)	TIZEN OF WHAT
dur	ring most of working life, even if retired) INDUSTRY	Maryland	UNTRY?
13.	. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	√ 2 td
20	D	3111	1
	Dennis laul Gooding	Deborah Hnn Strom	here
15 (Yi	es, no, or unkown) [(If yes give war or dates of service)]	INFORMANT Address	,
		mother as edne	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: Subdural and	subarachnoid hemorrhage	UNSET AND DEATH
	Conditions if any which I		
	gave rise to immediate (
	couse (a), stating the DUE TO underlying cause last,		
Š	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)	19. WAS AUTOPSY
AŢĬ			PERFORMED?
윤	Tentorial tear with he		YES K NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCI OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury in Part I or Part II of Item 18.)	
MEDICAL		ACE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
	Mulie - Not while -	ory, street, office bldg., etc.)	
Σ		1 - 15: 10 /5 1: 3 - 19 10 /	(that (I) (wa) land
	21. I certify that (I) (this hospital) attended the deceased from as we the deceased alive on $Z = 1.7 - 19.6$ and the	2 - 18' , 19 6, to 2 - 19 , 19 6	
	saw the deceased alive on 2 / 7 1966, and tha	t death occurred at 3'.50 M, from the causes and on th	TE SIGNED
	Bliffin Hi Varnery. M.	ATTENDING - MED. STAFF	it didired
	22c. PHYSICIAN'S	22d. ADDRESS	1
	NAME (Type) Philip H. Varner	106 20 Da, Que, Tichiole	The,
232		Y OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
3	urial Removal (Specify) 2/26/66 Rockville	Rockville, Maryl	land
	. FUNERAL DIRECTOR ADDRESS	254 , REC'D BY REGISTRAR 25b, REGISTRAR'S	SIGNATURE
F	yson Wheeler Funeral Home 1331 Rockville	Pike WAR 3 1856 france	Judge.
	Poolsville Mes	Innd DATE	1-1

VR A15 (4) 15M 4-64

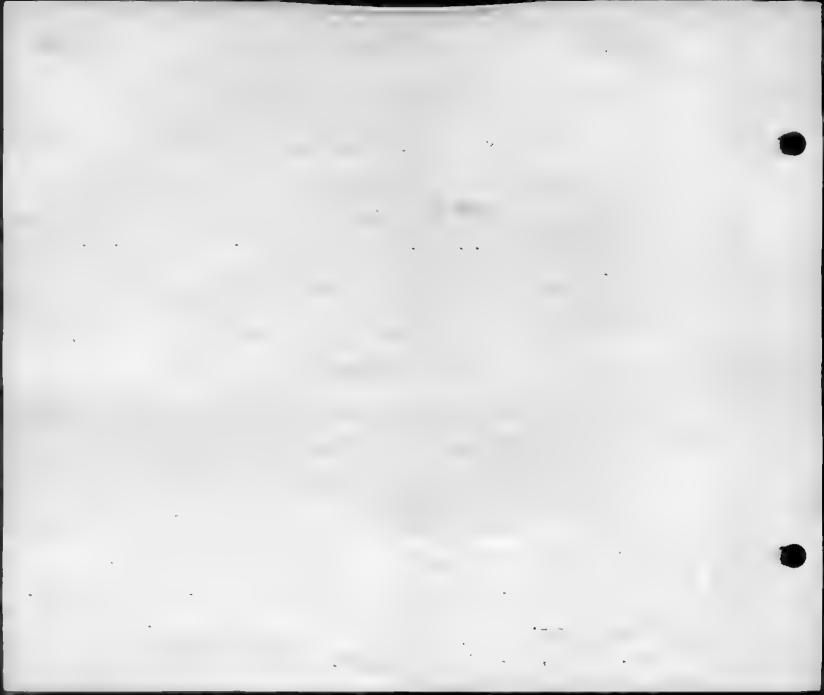


MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

			ICALL OF DEATH		10201
	1. PLACE OF DEATH			E (Where decaesed Irvad, If institution:	
		MARYL	and Marylan	d b. county	nery
1	b. CHY OR TOWN (.f outside	le corporete limits, c. LENGTH OF STAY	Y IN 16 c. CITY OR TOWN (IF	outside corporate limits, write RURAL an	
	write RURAL and give no Silver Spr	eerasi rown)	ns Silver S	bring.	1 1
,	d. NAME OF HOSPITAL OR	INSTITUTION (if not in Hospital, give street addre		r	. IS RESIDENCE
£	United Chu	INSTITUTION III not in hospital, give street address the bold of Christ Home, Inc	25 8708 Col	esville Rd.	ON A FARM? YES NO X
	3. NAME OF DECEASED	First Middle	Last	4. DATE Month	Dey Year
	(Type or print)	May Shou	// Grantham	of DEATH February	2 19 66
	5. SEX 6. CC	DLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeers IF UNDER	YEAR IF UNDER 24 HRS.
	FW	DIVORCED		189 The year Months Months	Days Hours Min.
Ì	10s. USUAL OCCUPATION (G	ive kind of work 10b, KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLACE (Count	y & Steta, or foreign country) 12. Cl	TIZEN OF WHAT COUNTRY?
	Retired personn		Middleway.	W. Virginia I U.	S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN I		
	George R. Sha		Katherine M	leaphy	
	15. WAS DECEASED EVER IN U [Yes, no, or unknown] [Hypsgiv		100	21 Woodhall Road	
	No Non	e None	John Shoull Be	ethesda, Maryland	
	PART I. DEATH WAS	[Entar only one cause per line for (a), (b), end (c)		1	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDI	IATE CAUSE (6) Courant	Moral	vosis	1 dian
	4201	DUE TO	To .:		2
	Conditions, if eny, which		Luores		- '
	gave rise to immediate cau (e), stelling the undarlying				
	causa lest				
	PART II. OTHER SIGNII	FICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED?
3	<u>ک</u>				YES NO L
	PART II. OTHER SIGNII OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDIC	USE OF DEATH	OCCURRED. (Enter nature of injury in	Part I or Part II of rem 18.)	
	0		20e. PLACE OF INJURY (Home, ferm		unity) (Stete)
	Hour e.m.	Whila Not Whila	fectory, street, affice bidg., etc.		
		(this hospital) attended the deceased	from 1	1957 10 2 Feb 19	(c)(a that (l) (vie) last
		ive on 2 7cl 19 66 en			
	226. SIGNATURE		ATTENDING	ED. STAFF	22b. DATE SIGNED
		iam D alled	M.D. PHYS. DI	RECTOR PHYS. 2-3	
	22c. PHYSICIAN'S NAME (Typa) (//	Villian D. Much	22d. ADDRESS	.:11. n1 Cu	C • M1
				ville Rde, Silver,	
	236. BURIAL, CREMATION, 2: REMOVAL (Specify)		METERY OR CREMATORY	23d, LOCATION (City, town or coun	
	Burial	2-5-66 Masonic Ce	LIME + PAY	Middleway, 1. 11ix	TANA
1	24 FUNERAL DIRECTOR'S SIGN	£ 6 8434 GEONZIL	- Avenue FEB	D. BY REGISTRAR 256. REGISTRAR'S	Signature .
Ì.	crner (, Pumph	ney, inc. Silver Son	ING Md DATE	b	0 0

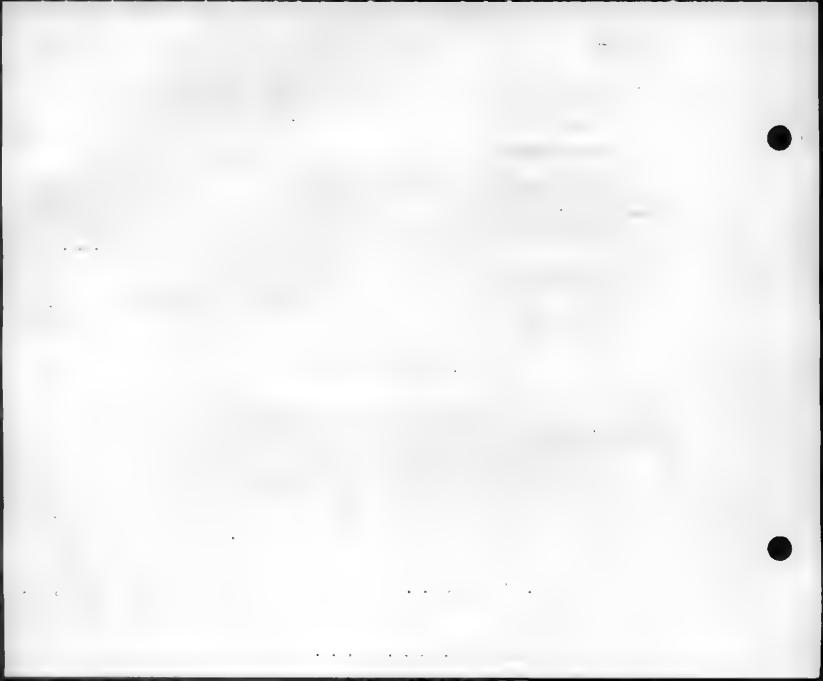
VR A15 (4) 20M 5 63



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending impair and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit mermit. Their prease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
	TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAI	TIMORE 1, MARYLANI
2509	CERTIFICATE OF DEATH	0247

l .	nagaga	OEK III IOATI	r OL DEWIL		11/23/11			
,1.	PLACE OF DEATH		2. USUAL RESIDEN	CE (Where deceased lived, If Institut	ion: Residence before admission)			
3	a. CDUNTY		a. STATE	b. COUNTY				
_	Montgomery b. CITY OR TOWN (if outside corporate limit	MARYLAND	Florida		·			
	write RURAL and give nearest town)		c. CITY DR TOWN (II	foutside corporate limits, write R	(URAL end give nearest town)			
	Bethesda	149 days	Ormond	Beach				
	d. NAME OF HOSPITAL OR INSTITUTION (If n	ot in hospitel, give street address)	d. STREET ADDRESS		6. IS RESIDENCE			
1	The Clinical Center		11 Seas	ide Drive	ON A FARM? YES ND K			
3.	NAME DF First DECEASED	Middle	Last	4. DATE Month	Day Year			
	(Type or print) Maria	Erhardina	Greaves	DEATH February	7 19 66			
5.		RRIED X NEVER MARRIED	B. DATE OF BIRTH	 AGE /In years TIFH 	NDER 1 YEAR IF UNDER 24 HRS.			
				last birthday) Mor	iths Days Hours Min.			
4.00	Lemaile Mulice	DOWED DIVORCED	September 1	8, 1892 73 yrs.				
dur	LUSUAL DCCUPATION (Give kind of work done ing most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (C	ounty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	Housewife	None	Sweden		U.S.A.			
13.	. FATHER'S NAME		14. MOTHER'S MAII	DEN NAME				
	1/1 P		Manda D	2 2 de				
15	Klaus Rosengrin . WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SDCIAL SECURITY NO. 17.	Maria K	ingquist				
(Ye	es, no, or unkown) ((If yes give war or dates of service) 10. SOCIAL SECORTITINO. 17.	The	Medical Records				
	No	None Th	e Clinical	Center, Bethesda	14. Maryland			
	18. CAUSE OF DEATH [Enter only one cause	e per line for (a), (b), and (c).]			INTERVAL BETWEEN			
	PART 1. DEATH WAS CAUSED BY:	1	-1)		months			
	IMMEDIATE CAUSE (a)							
	6936 DUE TO							
	Conditions, if any, which (b) [Lower abdominal ab	scess		months			
	gave rise to immediate							
	underlying course last							
Z	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTDIQUITALC TO DEATH DUT NOT DEL	TEO TO THE TEDMINAL	DISTANCE CONDITION OF WEN IN DAD	T1(a) 19. WAS AUTOPSY			
18	PART II. OTHER SIGNIFICANT CONDITIONS CO.	NIKIBOTING TO DEATH BUT NOT KELA	HED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PAR	PERFORMED?			
2	Hemolytic Anemia ye	ears			YES K ND			
慣	20a, ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter neture o	f injury in Part I or Part II of Ite	m 18.)			
CERTIFICATION	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
4	2Dc. TIME DF INJURY Month, Day, Year	20d. INJURY DCCURRED 120e. PLA	CE OF INJURY (Home, f	arm. 20f. (City or town)	(County) (State)			
MEDICAL	Hour e.m.		ry, street, office bldg., ((00000)			
M	p.m. 19	at work at work						
	21. I certify that XIX (this hospital) a	attended the deceased from Se	ptember 11, 1	965 toFebruary 7	1966_, that (X (we) last			
	saw the deceased alive on Eebrus	ry 7 19 66, and that	death occurred at	4:12M, from the causes and	on the date stated above.			
	22a. SIGNATURE	7 20		22	26. DATE SIGNED			
	6 W/W/. O	Mally M.D	ATTENDING	MED. STAFF X 7	February 1966			
	22c. PHYSICIAN'S	M.D						
	NAME (Type)	allev. M.D.		The Clinical Cent				
			Institut					
238	a. BURIAL CREMATION, 23b. DATE THEREC REMOVAL (Specify)			23d. LOCATION (City, town				
24	BURTAT. 2/10/1966 FUNERAL DIRECTOR GARRIE & TURNER	FATRVIEW CEME	NIVORY 25a. RE	WEST HARTFORD	CONNECTICUT			
2.1			550					
h	HYSONG'S FUNERAL HOME 1	300 N.ST, N.W. WASH.	DATE DATE	10 1966 / 2	rees Judge			



funeral and 2 death. executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the idirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificates Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

	11/2011			U	GRITTI	/A]	E OF DEAT	1			117	.6. 1	1
1.	PLACE OF DEAT	H					2. USUAL RESIDEN	CE (Where	deceased lived, If I	nstatution:	Residence	before a	dm(sslen)
1		NTGOMERY			BB45341		a. STATE MA	RYLAN	b. col	INOM INOM	COM	DV	
-	b. CITY OR TOY	N (if outside corp	orate limits,	c. LENG	MARYLI TH OF STAY I		c. CITY OR TOWN (H		orporate limits, v	rite RURA	L and gi	vo neare	st town)
		and give nearest	town)	l h	davs		RD	OOKEV	TLLE				
1	d. NAME OF HO	NEY SPITAL OR INSTITU	UTION (if not in h	ospital, g	ive street add	dress)	d. STREET ADDRESS	OOKUV.	EDUG		1.4	a. IS RE	SIDENCE
		NTGOMERY		, 6		,						ON A	FARM?
3	NAME OF		First		Middle		Last	I 4. DAT	E Mon	th	Day	Ye	But V
	OECEASED (Type or print)	HARVEY	r до	OHN	GR	EEN		OF DEA		BRUARY		19	66
5.	SEX	6. CDLOR OR RA			ER MARRIED		B. DATE OF BIRTH		9. AGE (In years	IFUNDER	1 YEAR	2.0	
	Mala	White	WIDOWED		DIVORCED		5/24/85	1	last birthday)	Months	Days	Hours	Min.
10	Male a USUALOCCUPA	TION (Give kind of w					11. BIRTHPLACE (C	ounty & Sta	yrs.	1 1	ITIZEN	OF WHA	T
au	ing most of work	ling life, even if re	tired)	NDUSTRY	OOTHEOD OK				ce, or reacigit seems	77 C	DUNTRY		
	Farmer	and carpe	enter	r arm			Mary				USA		
13	FATHER'S NAM	TE.					14. MOTHER'S MAIL	DEN NAME					
	JOHN GREE						REBECC	A WEB	ER				
l d	5. WAS DECEASED	EVER IN U.S. ARME (If yes give war or da	D FORCES? 16.	SOCIALS	ECURITY NO.	17.	INFORMANT		Addr	ess			
1,	NO	first and all dis		17-32	-1325		Hospital Re	cords	Olne	y Md			
	18. CAUSE OF	DEATH Enter onl	y one cause per i	line for (a)), (b), and (c).	1		1.		-	1 INTE	RVAL BE	TWEEN
		EATH WAS CAUSED	BY:	Alin	A sign of the		0100.00	Vial			ONS	ET AND	DEATH
	avul	IMMEDIATE CA	USE (a A P	graj	de Willy	MA	1 genera	myrel	 		17	ZVZ.	
			DUE TO	_		+	- 1/2	/	0. 1:	0 0	1.1	10	- M
	Conditions, If		(b) (J.A.A.)	UN	THU.	<u>uru</u>	& CONTRACTO	TOCK	www.ms	LUOX -	109	y w	101,
1	cause (a), s	tating the	DUE TO										
2	underlying caus		(c)										
CERTIFICATION	PART II. OTHER:	SIGNIFICANT COND	DITIONS CONTRIB	UTING TO D	DEATH BUT NO	TRELA	TED TO THE TERMINAL	DISEASECO	NDITION GIVEN II	N PART 1(a)	19.	WAS AL	
S S											YE		NO 🔽
E	20a. ACCIDENT	WAS UNDERLYING ING CAUSE DF	20b.	DESCRIBE	HOW INJURY	/ DCCU	RRED. (Enter nature of	Injury In	Part I or Part II	of Item 18	3.)		
133	(IF EITHER, ND	TIFY MEDICAL EX	AMINER)										
JA.	20c. TIME DF	INJURY Month, D	ay, Year 20d. I	NJURY DC	CURRED 20		E DF INJURY (Home, fa		(City or town)	(Co	unty)	(State)
MEDICAL	Hour a,	Ma.	While		While	factor	y, street, office bldg., e	tc.)	,		- 3,		
Σ	p :		19 at wor		work		115	- (//	= /100		10		
		fy that (I) (this I	A 11-		A 17			9 Y Q t					last
		ceased alive on.	nil L	l	9 <u>6</u> , an	d that	death occurred at2	.77/7M, 1	from the causes				above.
	22a. SIGNATU	KE ()	V				ATTENDING -	MED.	STAFF	22b. [DATE ST	NED	7
	100	mes y	Der	نــــــــــــــــــــــــــــــــــــــ		M.D.	PHYS.	DIRECTOR	PHYS.	11 6	11,	4/b	6.
	220 PHYSICIA NAME (T	ype) Jame :	s P. Kery	ŗ.			Dama Sc	us. M	da				L.
_													
23	a. BURIAL, CREN REMOVAL (Sp	ATION, 23b. DA	TE THEREOF	23c, N	AME OF CEM	IETERY	OR CREMATORY	23d.	LOCATION (CIty,	town or co	unty)	(S	tate)
	_ Burial	2-1	16-66	Mt.	Carme	1		S	unshine.	Md.			
24	. FUNERAL DIRI			Al	DDRESS		25a. REI	O'D BY REC	ISTRAR 25b.	REGISTRAR			
	Francis	H. Barber	Layto	nsvil	le, Md	•	DATE B	1.5	1966 80	liarl	20 /	edge.	-
-									1 1 1 1 1		-63		

VR A15 (4) 20M 1/65 . ·

•

·

20 4 60 2

en me of the me

MARYLAND STATE DEPARTMENT OF HEALTH

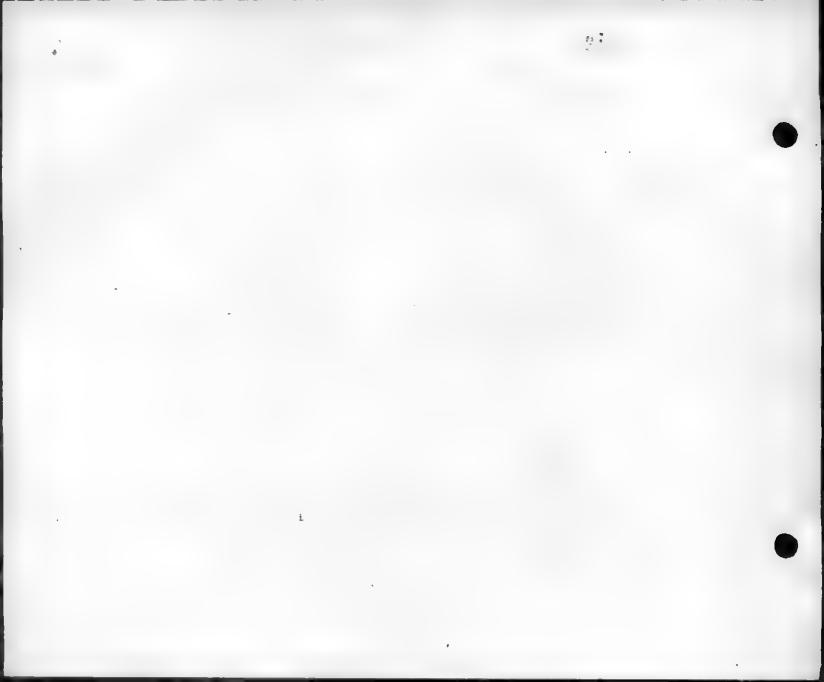
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02511 CERTIFICATE OF DEATH

	0.00	CERTIFICATE		02123						
	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)							
	Montgomery	MARYLAND	o. STATE New York							
	CITY OR TOWN (If autside carparate limits,	C LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate I m ts, write RURAL on	id give penrest town)						
	write_RURAL and give neasest town)		Elmira	w g. 10 110011)						
-	Bethesda (Rural)	167 days	d STREET ADDRESS	1 . IS DISIDING						
'	NAME OF HOSPITAL OR INSTITUTION (It not in to U. S. Naval Hospita		223 East LaFrance St.	8 IS RESIDENCE ON A FARM?						
·	O. D. Navai Hospica		223 East Larrance St.	YES NO EX						
	NAME OF First	Middle	Lost 4. DATE Month	Day Year						
	Type or print) Mervin	Albert	GROSS OF February	7 24 19 66						
5	SEX 6 COLOR OR RACE 7. A	MARRIED NEVER MARRIED 8	DATE OF BIRTH 9 AGE (In years IF UI	NDER 1 YEAR OF UNDER 24 HRS						
	Male Cauc w	IDOWED DIVORCED D	April 27, 1916 45 burthday) Mon	iths Days Hours Min.						
	USUAL OCCUPAT ON (Give kind of wark done	106 KIND OF BUSINESS OR		12 C TIZEN OF WHAT						
dur	ng most of working ble, every if retured)	INDUSTRY	Pennsylvania	COUNTRY? U.S.A.						
—	FATHER S NAME		14. MOTHER'S MAIDEN NAME							
	John Daniel Gross		Emma C. Kraft							
		16. SOCIAL SECURITY NO. 17. II	NFORMANT Address	Fluinc W V						
(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, or unknown) (If yes give war or dates of serv YES	10. SOCIAL SECURITY NO.		Elmira, N. Y.						
L	es, no, or unknown) [If yes give wor or do les of service] 168-16-3556 Mrs. Edith E. Gross, 223 East LaFrance St./									
	18 CAUSE OF DEATH (Enter only one cause pe			INTERVAL BETWEEN						
Н	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Renal Cell Carcinoma with widespread metastases ONSET AND DEATH									
	180X DUE TO									
Canditians, if ony, which gove) (b)										
	rise to immediate couse (a), (
	stating the underlying couse (c)									
		BUTING TO DEATH BUT NOT PELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS ALTOPSY						
8	TAKE II. DITER SIGNIFICANT CONDITIONS CONTRI	DOTINO TO BEATTI DEL NOS REGALES TO S	THE PERMITTIES CONSTITUTE OF THE TAKE THE	PERFORMED?						
CERTIFICATION	ON- LCCIDENT WAS IN PERIODIC TO	AND DESCRIPT HOW KINDY OSCILLATO	Participant of the Control of the Co	YESXXX NO						
REAL PROPERTY.	20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
33	(IF EITHER, NOTIFY MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o.m.		E OF INJURY (Hame, farm, 20f (City or town)	(County) (State)						
M.	p.m. 19	at wark at wark	ny, silaar, olike biby , ek.)							
	21. I certify that (1) (this haspital) attended the deceased fram Se	ept. 10 , 1965 , to Feb. 24 ,	19_66 that 14) (we) last						
	saw the deceased alive on Feb	• 24 19.66, and that	death accurred at 715AM, from causes and	an the date stated above.						
	22a. SIGNATURE		AZZENIONIO HED CTAFF	2b DATE SIGNED						
1.1	act	16/11 4, D-MID	PHYS DIRECTOR PHYS E	Feb. 24, 1966						
	22c. PHYSICIAN'S			7 277						
	NAME (Type)	nsilli M. D.	U.S. Naval Hospital, Beth	nesda, Md.						
230	BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR C								
230	REMOVAL (Specify)	7 1 1								
94	FILMEDAL DIDECTOR	66 Woodlawn Natio	250 DEC'D BY DECISTORE 256 DECISTOR	York AR'S SIGNATURE						
24	FUNERAL DIRECTOR Chambers Co.,	1400 Chapin St.,	N.W.							
1_		Washington, D.		miles Juage						

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please through corbon papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, cremation, or removal, (ndeagly event, within 72 hours after death.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL DEC

		DIVISIO	W OL SIMIISIN	ML KESI	EARCH AND RECORD	S, SUI W. PRESIG	M STREET, DA	ALTIMUKE I, IV	MATLANU	
/		02512			CERTIFICAT	E OF DEATH	79 5.	()	2177	
	1.	PLACE OF DEAT	H	Items	1/914 111 m - 6	1 2. USUAL RESIDEN	CE (Where deceased I	ived, If institution: R	esidence before at	dmission)
		e. CDUNTY				e. STATE	(b. COUNTY		
	-	Mon	Tromery		MARYLAND	md.		MONT	GOMER-	1
		write RURAL	N (if outside corpora and give nearest tow	te limits, m)	C. LENGTH OF STAY IN 10	c. CITY OR TOWN (H	outside corporate	limits, write RURAL	and give neare:	st town)
		Silve	r Spring		6 days	Silver	- Spring		1- 1	
		d. NAME OF HO	SPITAL OR INSTITUTION	N (if not lo	hospital, give street address	d. STREET AGORESS	1		e. IS RES	
7		Holy	Cross Hespi	+<1		9215 Cr	osby Rode		YES	NO X
	3	NAME OF		rst	Middle	Last	4. DATE	Month	Day Ye	
	0.	DECEASED		P	Middle	. 1	DF	aunt 1	-	1 1
	_	(Type or print) SEX	ER			HAGBerg	1	Feb		66
	5,	SEA	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIEO	8. OATE OF BIRTH	9. AGE	(In years IFUNOER Months	Days Hours	Min.
		W Yre	WHITE	WIDDWED		9/12/1	6 49	7, yrs.		1
	10a	. USUAL OCCUPAT	IDN (Give kind of working life, even if retire	done 10b.	KIND DF EUSINESS OR INDUSTRY	11. BIRTHPLACE (C	ounty & State, or fore	ign country) 12. Cl	TIZEN OF WHAT	
	0-	ing most of norm	540-E	Dre	PARTMONE	HID WAS	4119101		SA	
	13,	FATHER'S NAM	IE		Jaje i ma	14. MOTHER'S MAIN				
			Unknow	מני		link	nown			
	15	WASDECEASED	EVER IN U.S. ARMED FO		S. SOCIAL SECURITY NO. 17.	INFORMANT		Address		
	(Ye	s, no, er unkewn)	(If yes give war or dates o	f service)	. OOGINE SEOOKITI IVO. 17.	THE DISTRICTED		1441034		
	-									
					line for (a), (b), and (c).]				INTERVAL BE	TWEEN
		PART I. OI	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a)	Pulmonary ab	scess			011021 71110	
		4201	DUE							
		Conditions, If		(b)	Cerebral ede	ma				
		gave rise to						thrombus		
		cause (a), s'	tating the	* -	Healed myoca	rdial infarc	tion with	mural/		
	3		/	(c)	BUTING TO DEATH BUT NOT RE				119. WAS AL	TDPSY
	ATI				THE STATE OF THE S	THE TO THE TELEMENTS	VIQ.2.32 0011VII 1011		PERFOR	MED?
2.	FIC	On- ADDIDENT	his Usined Visio	1 005	Occasion Hair Many Con	Hones Is a	t a book to make to come		1 40-1	ND
	CERTIFICATION	DR CONTRIBUTI	WAS UNDERLYING DEA ING CAUSE DE DEA TIFY MEDICAL EXAMI	TH 200.	OESCRIBE HOW INJURY OCC	SURRED, (Enter nature o	t injury in Pert I of	Part II of Item 18.	.)	
	ICA		INJURY Month, Oay,		fac	ACE OF INJURY (Home, fatory, street, office bidg., e	arm, 20f. (City o	r town) (Cou	inty) (S	State) 1
	MFDICAL	Hour a.r		While at wo	B - NOT WILLE - 1	or y a stroom of a stroom of of a				
					ded the deceased from	AUGUST 1	955 to FET	5,20 196	6 that (1) Vi	we) last
				PEB, 20	1966 and th	at death occurred at 9				
		22a. SIGNATU	DODGGG GIIIO GII			BE GORIN DOCOTICO BE	THE PARTY OF THE P		ATE SIGNED	
		9	ames a	a. K	oberts .	O. PHYS.	MEO. ST	AFF 2/2	0/66	
		22c. PHYSICH	N'S			1 22d. AODRESS	OIREGIUR PR	12.		
		NAME (T)	(pe) TAME	of A.	ROBERTS	8907 GE	O. AVE. ST	LVER SPA	RINK M	0.
	23a	PUBLAL CREW	MATION LOOP CATE	-1					- married and	tate)
		REMOVAL (\$p)			23c. NAME OF CEMETER			N (City, town or col		(a(e)
		read ti			Lee's Cren			n ton, I.		
	24	? _	011	Wan	ADORESS	25a. RE		25b. REGISTRAR'	S SIGNATURE	
		loo run	eral Horne		- F	V (, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 / 1000	100/ 1	A .	

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician, and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then phase carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and m any event, within 72 hours after death. TO PERPITAL OR ATTENDED INVICE. No. 19 In requires that the leath certificate be Page 4 may be retained by the hospital or attending physician.

messted within 24 hoss after death.

VR A15 (4) 2DM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	02513			CERTIFICA		OF DEATH			()	217	7.1
	PLACE OF DEATH					2 USUAL RESIDENCE (Where deco	ased lived, if institu	ton Residence	e before a	dmission)
	a. COUNTY Montgor	nery		MARYLAND		Marylar	nd		lontgom		
	b CITY OR TOWN (f autside corparate limit	5,	c LENGTH OF STAY IN 16		C CITT UK TUWN (IT DU	itside corpo		IRAL ond give	neorest to	wn)
		g (rural)		6 days		Bethes	eda,	(rural)			
		AL OR INSTITUTION (If n		give street address)		d STREET ADDRESS				e 19	RESIDENCE IN A FARM?
	U.S. Na	aval Hospit	al			5300 Ridg				YES	□ NO □
	NAME OF DECEASED (Type or print)	John	rst R	Middle Obert	Ha:	Lost Lr	4 DATE OF DEAT	н Februa	ry	Day 8	Year 19 66
S	SEX	6. COLOR OR RACE	7, MARRIED	NEVER MARRIED		DATE OF BIRTH	20-	9 AGF (In years Bigst birthdoy)	IF UNDER 1		UNDER 24 HRS
	Male	Caucasian	WIDOWED	DIVORCED	A	pril 20, 18		y13			
00SUAL OCCUPATION (Give kind of work done uring most of working lite, every fretired) INDUSTRY						11 BIRTHPLACE (County & Stote, or foreign country) New Florence, Pennsylvania U.S.A.					
_	FATHER'S NAME					4. MOTHER'S MAIDEN	NAME				
	John Ro	bert Hair				Rose Cam	pbe 1	L			
S.	WAS DECEASED EVE	R INUS. ARMED FORCES? It yes g ve war or dates D15 Ch. 11-	of service) 16.			ORMANT	530	O RidgeAdd	reld Ra	1.	
				121	5.	Clara Hair	Bet	hesda, Ma	ryland	i	
		EATH (Enter only one con TH WAS CAUSED BY		(o), (b), ord (c).) arcinoma urin	\ C. Y*	r bladden	ond o	oute end			AL BETWEEN AND DEATH
		IMMEDIATE CAUSE	101	hronic polyne			and c	cuve and			
	Conditions, if any	DUE , which gave)		monite poryne	, pu	LIUIS					
	rise to immediat	e couse (a), ((p)								
	stating the unde	riving couse	(c)								
Ilvin	PART II. OTHER SI	GNIFICANT CONDITIONS		TO DEATH BUT NOT RELATED T	O TH	TERMINAL DISEASE COI	NDITION G	VEN IN PART 1(0)		19 WA PEI YES	S AUTOPSY REORMED?
SERVICE CHICAL	200 ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	205 DE	SCRIBE HOW INJURY OCCURRE	ED. (Er	iter noture of injury in	Part I or F	Port II of item 18)			
		MEDICAL EXAMINER)	1 204 1	NJURY OCCURRED 20e. I	DLACE	OF IMBIDY /Uoma face	n. I 20f	(City or town)	(Cou	ntul	(Stote)
MEDICAL	Haur or	10	While of war	11 111 1		OF INJURY (Home, fam , street, office bldg , etc.)		(City of rown)	1000	11197	(310.4)
	21 Learti	174	notto	ded the deceased from	To	h 2	19 66	to Fob 8	19	66 that	(1) (we) Ins
	saw the d	eceased glive on_	Feb. 8	ded the deceased fram	hat	death accurred of	315A	M, from couses	and an th	e date s	stated above
	220 SIGNATURE		///	7						TE SIGNED	
	6	aureur	4.	lones	M.D	ATTENDING PHYS	MED DIRECTOR	STAFF D	X Feb	. 9,1	.966
	22¢ PHYSICAN'S NAME (Type		Jones,	M. D.		U. S. Na	val 1	Hospital,	Bethe	sda,	Md.
230	o BURIAL, CREMATIO	ON, 236 DATE TH	IEREOF	23c NAME OF CEMETERY O	OR CR	EMATORY	23d	LOCATION (City of To	วพก) ((County)	(Stote)
	BUT 18 I Specify	2-11-	1966	Arlington :	Nat			Arlington	,	Vi	rginia
2	4. FUNERAL DIRECTO	IR .	5120	Wisconsin Av	ο.	N.W. 250 REC	D BY REGI	STRAR 2Sb. R	EGISTRAR'S SI	GHATURE	
	Joseph Go	wler & Son	6 /170	HINGONDIN A	- 0 3	N	H T G	1954	Marl	an Vie	dal

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physicion

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and correledly filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove forban papers. Pages 1 and 2 should be tiled with the State Dept of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death

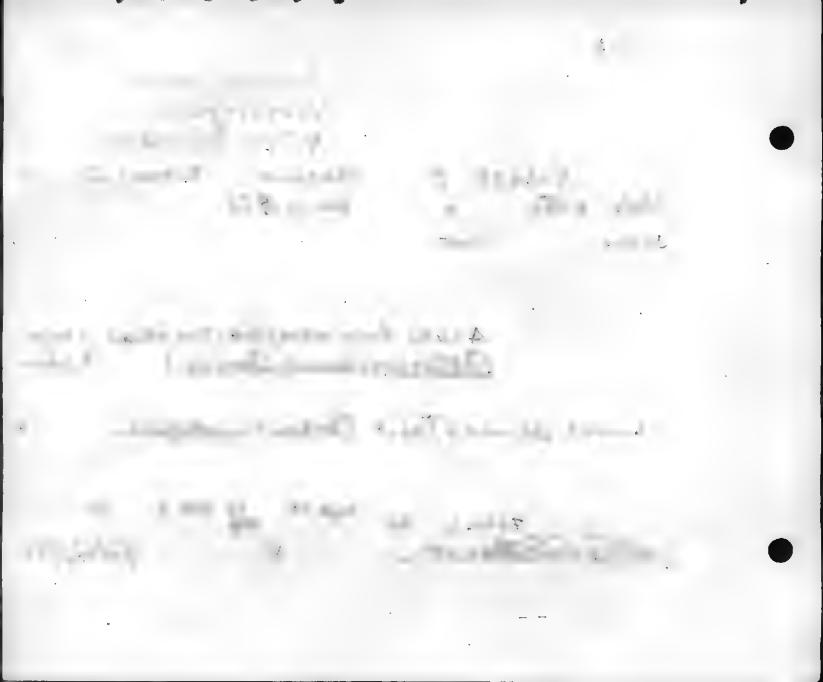


and 2 death TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attracting physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit pendit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after peach.

> VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OSTIL

3		
1	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE b. COUNTY
1	Mont 6 mil Ry (ounty MARYLAND	District & dumbia
1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
-	write RURA), and give nearest town)	Washington 4:
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
5	Barhasdu Silcier Spring NH.	4701- Fultour SP. N. W YES NOW
-1	3. NAME DF First Middle	Last 4. OATE Month Day Year
1	(Type or print) Rohe Pt B	ARdison GEATH February 2 1966
ı	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8	R DATE OF RIPTH 19 AGE (In years IFINDER 1 YEAR I FINDER 24 HRS.
	Male While WIDOWED DIVORCED 1	Dec. 11 1872 last birthday) Months Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
-1	1 1	Kentacky
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	Report DeC. Hardison	Mary Ellen Bibb
-1		INFORMANT Address,
	(1'es, in, in uninumi) (11 yes give wal in uales in service)	RS. E.C. Gett, DaugHTER) SELITEM 2.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (2) A CUTE NOSP	i Ratory/Nection/Nollagga 3 days
	4500 DUE TO 1	1 0
	Conditions, If any, which (b) (RTORIOSCL	erosis Genera Sylars
	gave rise to Immediate	
П	cause (a), stating the DUE TO underlying cause last.	
		TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	Elmon Hair Tout 1	76-1- + PERFORMED?
7	B HOWER URINARY ROCT C	JUJERUCII OIV, WILLIAMOVC
	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA LOWR IRINAL YORK 20a. ACCIDENT WAS UNDERLYING TO DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
1		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI 4 Hour a.m. 19 While Not White factor at work 20m. 19 20m. 20m.	ry, street, office bldg., etc.)
	p.m. 19 at work at work	
	21. I certify that (I) (this hospital) attended the deceased from @2	18. 1958, to Feb. 2. , 1966 that (1) (we) last
	saw the deceased alive on February 1966 and that	t death occurred at 4:33M, from the causes and on the date stated above.
	22a. SIGNATURE	1 22b. DATE SIGNED
	M.D. M.D.	ATTENDING MED. MED. STAFF PHYS. TEEN. 2. 1966
-	22cV PHYSICIAN'S	22d. ADDRESS
	NAME (Type) U.R. BACON M.D.	1150 CONN. AVE IY W WASH, DC.
	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Cremation 2-4-1966 Cedar Hill	Crematory Suitland Md
	24. FUNERAL DIRECTOR ADDRESS / SCOT	15/11 Av 25a. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
1	VOS. GAW/ERJYJONS, INC, STOR N.W. W.	25/1.DC DATE EBS 1000 1 - carles Judge
		TOTAL STATE OF THE



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-bransit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02515
CERTIFICATE OF DEATH

O E I I I I I I I I I I I I I I I I I I	16.511
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Montgomery	a. STATE Maryland b. COUNTYMontgomery
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
Bethesda	Bethesda / ./
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	ON A FARM?
Bethesda-Silver Spring Nursing Home	4504 Maple Avenue YES NO NO
3. NAME OF First Middle DECEASED (Type or print) MAN V	Last 4. DATE Month Day Year OF DEATH Feb. 25, 1966
5. SEX 6. COLOR OR RAFE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years I FUNDER 1 YEAR I FUNDER 24 HRS.
	May 24, 1888 73 birthday) Months Deys Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or ferzign country) 12. CITIZEN OF WHAT COUNTRY?
Decorator Retired	New York U. S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Townsend Harris	Caroline Bronski
(Yes, no. or unknown) [/ [Fyes nive way or dates of service)]	INFORMANT Sister Address
	lorence E. Harris Same as Item 2.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) COUNCECAND	
1538 DUE TO METCAT	casia
Cenditions, If any, which gave rise to immediate (b)	
cause (a), stating the DUE TO	
underlying cause last. (c)	La Harana
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT REL 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCC DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X
2Da, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
3 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PL	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
ZDC. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PL. Hour a.m. While Not While at work at work	
21. I certify that (i) (this hospital) attended the deceased from	Civil , 1936, to 3 cl- 25, 1966, that (1) (we) last
	t death occurred at M, from the causes and on the date stated above.
222. SIGNATURE LOCAL M. COOL	D. ATTENDING MED. DIRECTOR D STAFF 122b. DATE SIGNED TO STAFF 1766.
22C. PHYSICIAN'S NAME (Type) ROBERT N. COALE	22d. ADDRESS Hadley Some Chery Chase lud.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	
Cremation 2-25-66 Cedar Hill	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
ROBERT A. PUMPHREY Bethesda, Ma	aryland MAR 2 1968 Milarley Judge

VR AI5 (4) 20M 1/65



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02516CERTIFICATE OF DEATH funeral and 2 death. 1. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) b. COUNTY a. STATE Pages 1 urs after Maryland Montgomry County MARYLAND Maryland Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b papers. re-P Silver Spring 45min .= Silver Spring Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS fille| 912 Larado Rd. within Holy Cross Hosptial completely we carbon p NAME OF 4. DATE Middle Month Last DECEASED event, (Type or print) DEATH atles ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. kecuted 6. COLOR OR RACE 7. MARRIED, remove NEVER MARRIED last birthday) | Months | any alld WIDOWED DIVORCED 102. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR dysing most of working life, eyen if retired) | INDUSTRY YTS. Ξ BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT plysicial ease and Communication Jechnician FATHER'S NAME Government ם certifical attenling plant. removal Arlie W. Hatley Ma/J/Vex 100 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ed by the attentarization bermit. 16. SOCIAL SECURITY NO. Address death (Yes, no, or unkewn) | (If yes give war or dates of service) WWLL &Korean 579-10-5169 Dorothy wife. Hatlev 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] burial-transil burial, crem PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUE TO Conditions, If any, which (b) the bu gave rise to Immediate DUE TO cause (a), stating the prior underlying cause last. has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) lealth certifillate CERTIFICAT for He ospital 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) detached for the Dept. of 1 OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) be de State DIRECTOR: After tage 3 should be delied with the State Hour a.m. While - Not While at work p.m. at work retaimed 21. I certify that (I) (this hospital) attended the deceased from saw the deceased ative on. 22a. SICNATURE Page 4.
TO FUNERAL Din. ATTENDING NO SELECTAL 22c. PHYSICIAN'S 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) REC'D BY REGISTRAR 25a. FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

YES |

Davs

COUNTRY?

APIL

as

YES T

(County)

DATE SIGNED

300/3

(State)

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

NO X

(State)

same

DN A FARM?

Year

Hours |

NO -

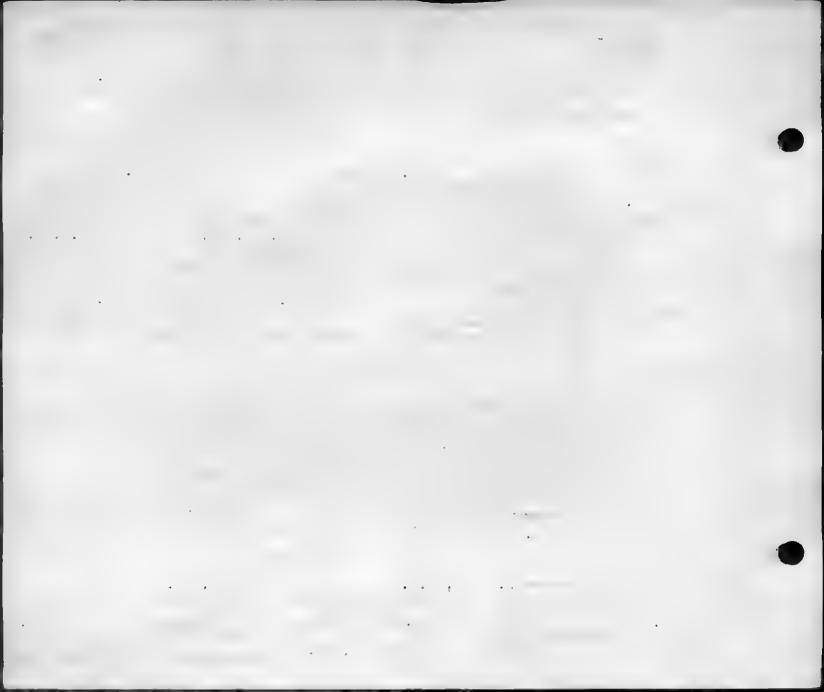
dec.

VR A15 (4) 20M 1/65



OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral within 24 hours after PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) b. COUNTY Montg. a. COUNTY a. STATE Maryland Montgomery MARYLAND b. CITY OR TOWN (if outs da corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ۵ write RURAL and give neerest town? Clarksburg -Rural Life
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Clarksburg - rural Pages Filled d. STREET ADDRESS e. IS RESIDENCE hours ON A FARM? YES NO completely 3. NAME OF 4. DATE Middle Lnet Day paper Month Year 2 DECEASED Feb. 13 19 66 (Type or print) Gertrude E. Hawse DEATH C 60 žit Ž 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. 92 va death certificate be Months Days Fem. White /6/1874 WIDOWED [30] DIVORCED [10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S. A. physic rem Montg. Co. Md. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending Charity Watkins Benjamin Burdette 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Then Address removal (Yas, no, orumkown) (Ifyasgivawarordatasofsarvica) Bonds Albert B. Hawse Md. permit. 18. CAUSE OF DEATH lEnter only one cause par line for (a), (b), and (c). INTERVAL BETWEEN þ - condiversaulor disease ONSET AND DEATH 5 PART I. DEATH WAS CAUSED BY: attending proving IMMEDIATE CAUSE (a) cremation, burial-transit DUE TO Conditions, if any, which {bì gave rise to immediata cause DUF TO (a), stating the underlying burial, cause last. the the PHYSICIAN: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY certificate CERTIFICATION PERFORMED? hospital % Q NO F **US** prior 200. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Parl I of Parl II of Item 18.) 208, ACCIDENT WAS UNDERLYING [7] detached for OR CONTRIBUTING [] CAUSE OF DEATH the of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING After MEDICAL 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, ! 20c. TIME OF INJURY 20f, (City or town) (Stata) Month, Day, Year factory, streat, office bldg., etc.] Not While retained Hour a.m. at work at work 19 р.т. DIRECTOR Dept. 2 attended the deceased from 10.1.1.5 1952 to 5/13 196/2, that (1) (***) Test 21. I certify that (i) (this house) should State saw the deceased alive on,... may 22a. SIGNATURE SIGNED ATTENDING HOSPITAL Bath. Page 4 PHYS. DIRECTOR PHYS. FUNERAL page with th 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) James P. Kerry M.D. Damascus, Md. rector, death. 23s. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 훈 0 Mt. View Methodist /66 Purdum Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Barnesville, Md. DATE 20M 5-63

ARYLAND STATE DEPARTMENT OF HEALTH

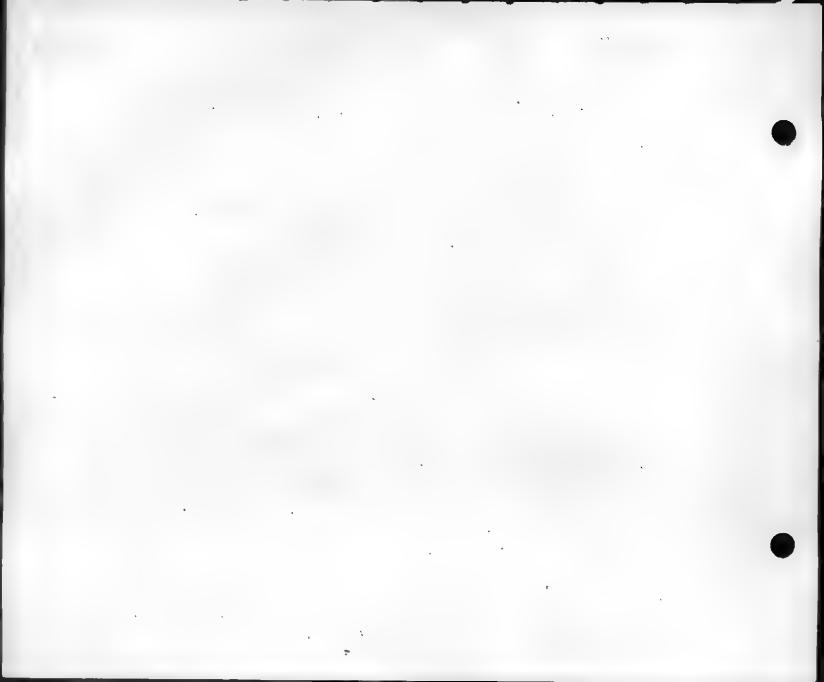


guted within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by "se attending shysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Degt. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after degth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	02510	CERTIFICATI	E OF DEATH		02470
1.	PLACE OF DEATH a. COUNTY			re deceased lived, If Institution: F	Residence before admission)
		MARYLAND	Marilland	b. COUNTY i)	4
	b. CITY OR TOWN (il outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b		corporate limits, write RURAL	and give nearest town)
	Takoma Park	Iday 14hour	Takoma	Park	~
	d. NAME OF HOSPITAL OR INSTITUTION (If not in	nospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
4		and Hospital	18101 Hamm	rend Avenue	YES NO Y
3.	NAME OF () First	Middle	Last 4. D	ATE Month	Day Year
-	(Type or print) Koland	John H	edquist 0	EATH February	22 1966
	7. MARKIE	NEVER MARRIED	B. DATE OF BIRTH 1899	9. AGE (in years IF UNDER last birthday) Months	Days Hours Min.
	Lale white WIDOWE		May 29 +966	66 yrs.	ITIZEW OF WALKE
dur	'ing most of working life, even if retired)	KIND OF BUSINESS OR	11. BIRTHPLACE (County & !		ITIZEN OF WHAT OUNTRY?
13.	FATHER'S NAME	Keview + Herald 1	166. Wiscon		nited States
10.	Tal 71)	. /	11	AE.	
15	. WAS DECEASED EVER IN U.S. ARMED FORDES? 16	S. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(Ye	es, no, or unknwn) (If yes give war or dates of service)	. OSOME SEGORITTIO.	1 11 0	Addicas	
_	18. CAUSE OF DEATH (Enter only one cause per	ling for (6) (b) and (c) 3	tospital Nece	ords	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	te des sand (c).	1 min Man		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	- surpair	egla Than		2/21/66
	Cenditions, If any, which	A Gun Fr	1.00.0.		2/22/6
	gave rise to immediate	and some of	runere and		7-1-
	cause (a), stating the DUE ID underlying cause last.	1 Herry bliles	26		1958
ION.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICAT					YES NO
CERTIFICATION	202. ACCIDENT WAS UNDERLYING 20b. DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury	In Part I or Part II of Item 18	1.)
- 1		INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20	Of. (City or town) / (Con	unty) (State)
MEDICAL	Hour a.m. While p.m. 19 at wo	7 1100 110110 1	y, street, office bldg., etc.)	1-1	
	21. I certify that (1) (this hospital) attent		1965	to 2/27/, 196	that (I) (we) last
	saw the deceased alive on 22a. SIGNATURE	19 <u>49</u> , and that	death occurred at/1925 N	I, from the causes and on t	
	1/2	_ 0	ATTENDING MED.	STAFF STAFF	ATE SIGNED
	22c. PHYSICIAN'S	M.D.	. PHYS. DIRECTO	OR PHYS.	1 0
	NAME Proper and I Mors		7030 (wordlaw	e lahoma Vail	e Ind
231	BURIAL CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	(1 ~ 1 -	LOCATION (City, town or co	unty) (State)
_	Burial VJyl- Lt, 176	of Keck Creek	Camptery /	castinglist.	1 C
24	FUNERAL DIRECTOR WILL & 254	Garage St.	W. Ton. REC'D BY F	1/2 2	'S SIGNATURE
12	uning values was	unglon The	2027 城市 5 25	1906	· Judge

VR A15 (4) 20M 1/65



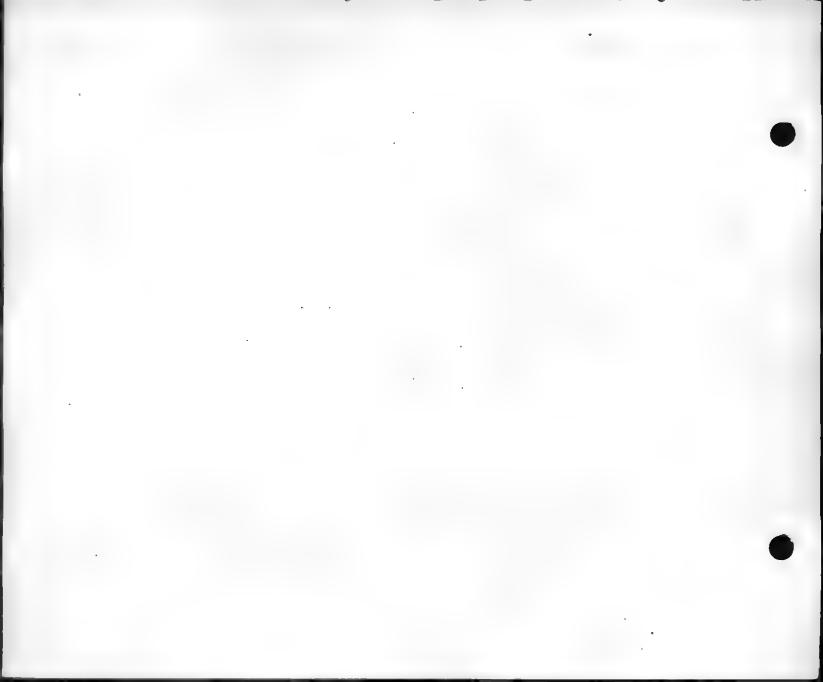
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH	[2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission)					
COUNTY MONTGOMERY MARYLAND	a. STATE b. COUNTY MONTGOMERY					
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)					
write RURAL and give nearest town)	1 - 1					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Bethesda d. STREET ADORESS e. IS RESIDENCE					
	ON A FARM?					
RESMOR SAMLTARIUM & HOSPITAL	5578 Southwick Street YES NOW					
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year					
(Type or print) Augusta B	Henkelman DEATH Feb. 1 1966					
A MANUEL MEANINE	8. DATE OF BIRTH 9. ACE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.					
Leuter Pitter	1.19 June 15, 1818 87 yrs. / 10					
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
School Teacher Education	Perma. USA					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Geo. Henkelman	Elizabeth Stein					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address					
(Yes, no, or unknown) (If yes give war or dates of service) Unknown	Charles E Reaver					
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	Syracuse N. Y.					
PART I. DEATH WAS CAUSED BY:	Sent Long ONSET AND DEATH					
IMMEDIATE CAUSE (a)	101/01/01/01/01/01/01/01/01/01/01/01/01/					
Conditions, If any, which	en di Sanaa					
gave rise to immediate	The designation					
cause (a), stating the OUE TO	ad Ston onelina:					
underlying cause last. (c) 7 (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT THE	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTDPSY					
AKT II. OHIEK SIGNIFICATION CONDITIONS SIGNIFICATION OF THE PARTY OF T	PERFORMED?					
20a, ACCIDENT WAS UNDERLYING (1) 20b. DESCRIBE HOW INJURY DCC	VER NO THE NOTICE NO. (Enter nature of injury in Part I or Part II of Item 18.)					
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	urkets (enter nature of injury in Part 1 of Part 11 of Item 20.)					
- Anato	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)					
Hour e.m. While Not While p.m. 19 at work at work	ny, su eet, onice blug, etc.)					
21. I certify that (I) (this hospital) attended the deceased from.	1965 to 2/1/649 that (1) (we) last					
	t death occurred at M, from the causes and on the date stated above.					
22a. SICNATURE	22b. DATE SIGNED					
Coffee T. Cler 95 M.	D. ATTENDING MEO. DIRECTOR D STAFF					
22c, PHYSICIAN'S	1 22d. ADDRESS					
NAME ASpe) Tephen F. Werge	5 5/2/- homen Vans					
	Y OR CREMATORY / 23d. LOCATION (City, town or county) (State)					
Burial 2-4-66 Parklawn Co	emetery Rockville, Maryland					
24. FUNERAL DIRECTOR ADDRESS 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SICNATURE						
ROBERT A. PUMPHREY Bethesda, Maryland						
	DATE & 7. 1966 yellanles Judge.					

VR A15 (4) 15M 4-64

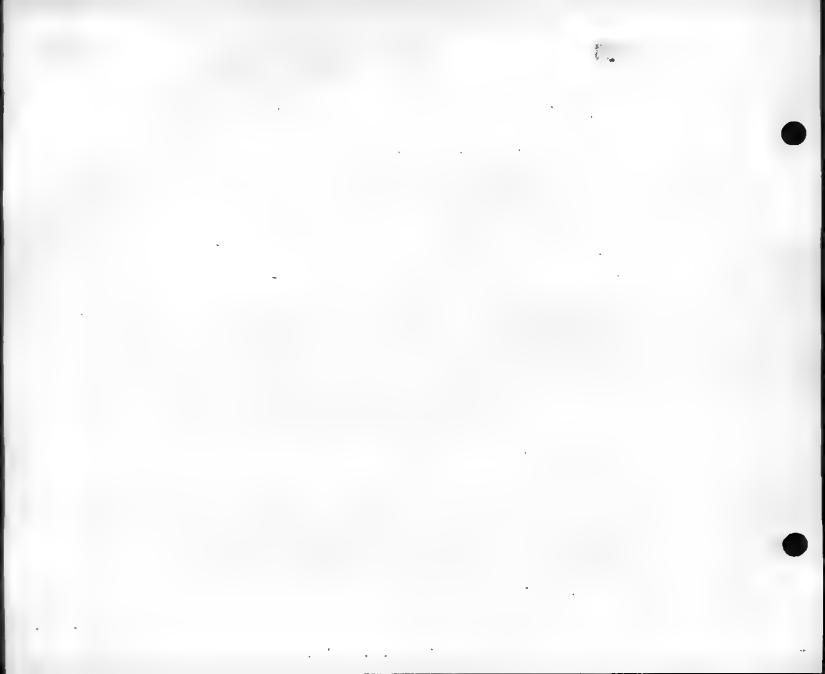


MARYLAND STATE DEPARTMENT OF HEALTH

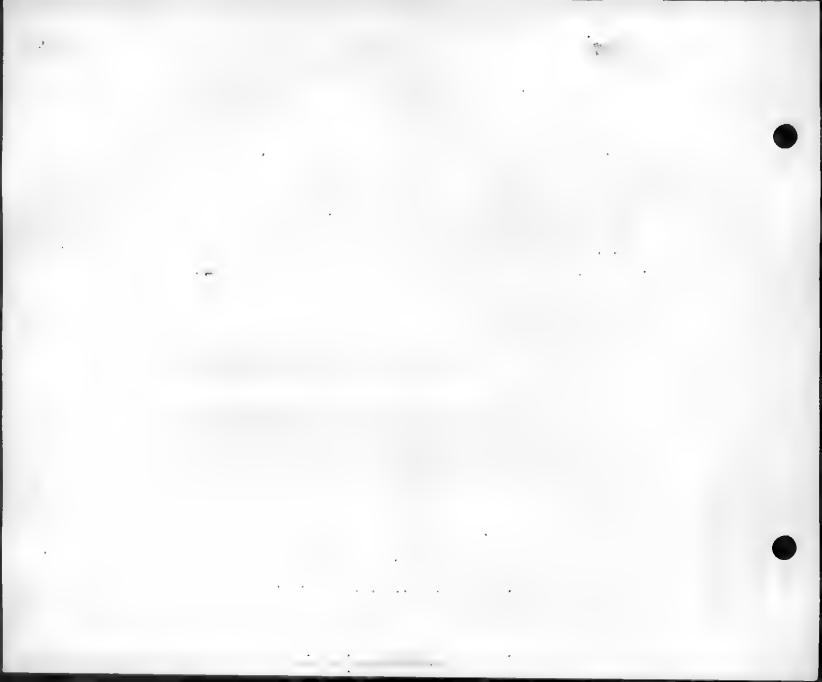


MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, RAITIMORE, MARYLAND, 21201

	/			DIVISION OF STATISTICAL RESEARCH A	ID RECORDS, SOT III. PRESTON STREET, DALITING	OKE, MAKILAND ZIZOI
ć	2	1		02521	CERTIFICATE OF DEATH	02483
deat	funeral and er death	_/		LACE OF DEATH COUNTY TO THE	2 USUAL RESIDENCE (Where deceased a. STATE	lived, if institution Residence before admission) b. COUNTY
s after	e s		1	CITY OR TOWN (if outside carpounts) mits, (c LENG write RURAL ord Give negrips) Joyn)	H OF STAY IN 16 C CITY OR TOWN LIF outside corporate	prints, write BURAL and give nearest tawn)
hour	E 55 E			NAME DF HOSP.TAL DR INSTITUTION (If not in haspital, give street		E SUE ON A FARM?
in 24	# 8.E			D'uberban'	94/1-200	2257 HILL YES NO S
J with	arban	7		PAME OF DECEASED Type or print) Constitution First Zerop	Middle / Last /4 DATE OF DEATH	Feb. 6 1966
that the death certificate be executed within 24 hours after death an.	and campletely iremave carbon any events with	<u>}</u>	1	EX 6. COLOR OR RACE 7 MARRIED NI WIDOWED		AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. ast birthday) Months Days Hauts Min
be ex				USJAL OCCUPATION (Give kind of work done 105 KIND OF BL		The state of the s
ificate			13	FATHER'S MAME	14 MOTHERS MAIDEN MAME	n, 4.0 11.0.11
r cert	ending phymit. Then plar remaval,		15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL/SE	URITY NO. 17. INFORMANT	SINSULVING Address
death	attending permit. The			s, no, grunknawn) (If yes give wgr at dates of service)	- Franklink, H	mead Hans
at the	by the atteriors in the permeter of the permet			18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	cerebral herearch	INTERVAL BETWEEN ONSET AND DEATH
res th				Conditions of some which arrive) DUE TO A COLIT	e Musilsonays &	eikem a 2 me
requi	in signed e burial- ta burial,			rise to immediate cause (a), stoting the underlying cause	0	
law tendir	as the prior ta		_	PART II OTHER SIGNULIEANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART I(o) 19 WAS AUTOPSY
ar at	cate ho far use Health		CATION	alies 1 day		PERFORMED? YES NO
SICIA?	生りる		CERTIFICAT	20d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205 DESCRIBE HI	W INJURY OCCURRED (Enter nature of injury in Part I or Part II	of item 18.)
C PHY	this cel detache e Dept.		MEDICAL		URRED 20e. PLACE OF INJURY (Home, form, 20f (While wark 200 factory, street, office bldg , etc.)	City ar tawn) (Caunty) (State)
VO P	After d be e Stat			21. I certify that (I) (this haspital) futtended the	deceased from 11114 , 19 , 19	
ATTE:	shaul ith th			saw the deceased alive an 2/6/6/22a. SIGNATURE		fram causes and on the date stated above
L OR	ge 3 shoiled with	1		221 PHYSICIAN'S -	M.D. ATTENDING MED DIRECTOR C	STAFF D 2/6/66
PITA 4 may	IIRAL I or, pag d be fil			NAME (Tybe) Jay R. Shapiro	18218 WISC	ruseu Auc ma
0 HOSF	director, po		23q			TION (City or Town) (County) (Stote) nce Georges Go. Md.
-	VR A15 (4)	R	24		DDRESS 250 REC'D BY REGISTRAR	25b. REGISTRARS SIGNATURE



Washi gton, D. C.



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

71 = M		02523	CERTIFICATE	OF DEATH	any write to the state of the state of	02485
death		PLACE OF DEATH O COUNTY MONTGOMERY	MARYLAND	a. STATE MARY	LAND b. COU	MONTGEMERY
by the f Pages ours afte		b. CITY OR TOWN (If outside corporate limits, T write RURAy and give nearest town)	6 days.	C CITY OR TOWN (II add	side carparote limits, write RUI	12.
filled in by the fur papers. Pages 1 thin 72 hours after		d. NAME OF HOSPITA. OR INSTITUTION (If not in has	pital, give street address)	d STREET ADDRESS	LULE DRIVE	e IS RESIDENCE ON A FARM? YES NO
		NAME OF First DECEASED (Type or point)	letine R	HORN.	4. DATE Mont	6 15 1966
and campletely remove cabar	S	SEX 6. COLOR OR RACE 7 MAI		MARCH 7-19	9. AGE (In years last b rinday) 4 4 4 4 4	FUNDER 1 YEAR IF UNDER 24 HRS Manths Days Haurs Min.
sase re		USUAL OCCUPATION (Give kind of work done ing most of work ng lite, even if retired)	IOD. KIND OF BUSINESS OR INDUSTRY	SAN Antoin	State or foreign country)	12 CHIZEN OF WHAT COUNTRY 1. S. A.
physic hen pla noval,	13.	COL. CHARLES Adan	· HORN.	MARGUEL	· L K	lon.
attending physician and permit. Then please rem ian, or removal, and in an	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? as, no, prynknown) (If yes give war or dotes of service		NFORMANT / PRQUERITE /	Horn morker	10 They were
		18 CAUSE OF DEATH (Enter only one couse per I PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)		ceast, with	videsuresa	INTERVAL BETWEEN ONSET AND DEATH
signed by the burial-transit burial, cremat		Conditions, if only, which gave (b)		1:1	etasoases.	
		stating the underlying cause DUE 10 (c)				
use as alth pri	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBL				19. WAS ALTOPSY PERFORMED? YES X NO
certifica hed far		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205 DESCRIBE HOW INJURY OCCURRED			
RECTOR: After this certificate has been 3 shauld be detached far use as the with the State Dept. af Health priar to	MEDICAL		While Not While at work fact	CE OF INJURY (Hame, farm, ory, street, office bldg., etc.)	7,	(County) (State)
OR: Afrauld be			attended the deceased from		11 M, from causes	ond on the date stated above.
DIRECT ge 3 sh led with		220. SIGNATURE Manon W	ladler M.	D. PHYS. 🔼	MED. STAFF DIRECTOR PHYS.	226. DATE SIGNED
TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to	80.	22c. PHYSICIANS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF	1 23c. NAME OF CEMETERY OR	P 22d. ADDRESS /	8 Wiacons 23d LOCATION (City or Ta	un Av Beth, h
TO FU direct share		REMOVAL (Specify) 2-18-1960	6 Arlington N	et'l. Cem.	Arlington	
VR A15 (4) 20 M 1/66	Ĺ	5130 Wisc. Ave. N.	ler s Sous, Inc	DATEEB	2 1 1956	harles Judge

Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66

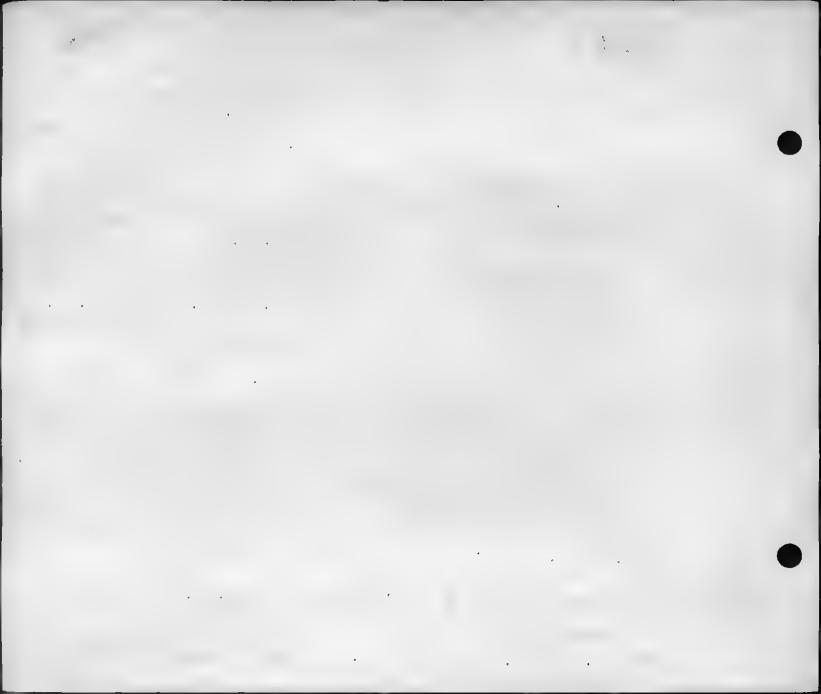
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the douth certificate be executed within 24 llours after death



17	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A TEMPORAL STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A TEMPORAL STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A TEMPORAL STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A TEMPORAL STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A TEMPORAL STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A TEMPORAL STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A TEMPORAL STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A TEMPORAL STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A TEMPORAL STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A TEMPORAL STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A TEMPORAL STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A TEMPORAL STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A TEMPORAL STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A TEMPORAL STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A TEMPORAL STATISTICAL RESEARCH AND RECORDS AND RECORDS AND RESEARCH AND RECORDS AND R	MARYLAND 112486
and should	PLACE OF DEATH S. COUNTY Montgon Powner Maryland b. CITY OR TOWN (if outside corporate limits, write RURAL sprite RURAL and give respectation) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL sprite RURAL and give respectation)	10
y Tilled in S. Pagills 1 sours after	d. NAME OF HOSPITAL OR INSTITUTION (il pol In hospital, give street address) Washington Santaium Hasp. 1907 Holly tree Cow	is resider
	NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7, MARRIED NOTE MARRIED 8. DATE OF BIRTH [1. SEX] 6. COLOR OR RACE 7, MARRIED NOTE MARRIED 8. DATE OF BIRTH [2. SEX] [3. DATE OF BIRTH [4. DATE Month Of DEATH [5. SEX] [6. COLOR OR RACE 7, MARRIED NOTE MARRIED 18. DATE OF BIRTH [6. SEX] [6. COLOR OR RACE 7, MARRIED 18. DATE OF BIRTH [6. SEX] [7. MONTH OF DECEASED IN THE MARRIED 18. DATE OF BIRTH [8. DATE OF BIRTH [9. AGE (In years IF UND Month) Month Of DEATH [9. AGE (In years IF UND MONTH OF BIRTH OF	
any event	FEMALE WILLE WIDOWED DIVORCED 6-9-1966 449 yrs. USUAL OCCUPATION (Give kind of work one duting most of working life even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. 12. 13. 14. 15. 15. 15. 16. 1	CITIZEN OF WHAT COU
inen piease	S. FATHER'S NAME CTYLE & Thomas Conna Boswell Conna Bos	
on, or remo	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE [e) ON The control of	INTERVAL BETWEE
ial, cremati	Conditions, if eny, which gave rise to immediate cause (a), station the underlying cause last. DUE TO Conditions, if eny, which gave rise to immediate cause (b) DUE TO Course last.	approx 1.
MONA CIGARON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(0) 19. WAS AUTO PERFORMS
A COM	20c. TIME OF INJURY Month, Day, Year 20d. (NJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)	County) (Ste
State Dept	saw the deceased alive on	19 (we) the date stated above 22b. DA
	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. C 22c. PHYSICIAN'S NAME (Type) John R Spencer BURTONSVILLE	2-14-66" 4 D
7	33. BURIAL, CREMATION, 23b DATE THEREOF PREMOVAL ISPOSITION (City, town of control of the contro	1.7.1
(4)	Francis Grachia & St. 1.720 Pati. A. Fil. OFFB 17 1856 201.	Judge



1!		This state of the	Α				RTMENT OF				
	1	PIVISION OF	FSTATISTICAL	RESEARCE			OF DEATH	STREET, B.	ALTIMORE	1, MARYL	AND
३ कुंक	Л.	04040	I	tem #1d	Film #G37	12 2/	17/66 20			11/4	01
hours after the funeral id 2 should- lath.	1	PLACE OF DEAT	di .		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	'2	. USUAL RESIDEN	CE (Where dece			e before edmissio
을 들어로		N	lontg		MARYLA	ND	a. STATE Mar	yland	b. COUNTY	Mon.	tg,
		b. CITY OR TOWN	(fouts de corporate limi digive naerast town)	its, c	LENGTH OF STAY I	N 16	c. CITY OR TOWN	If outside corpore	ite limits, write R	URAL end give r	searest town)
in E		Gaithe	ersburg	1	5lYrs		Gai thersh	urg.		_	1
within filled in Pages urs affe		d. NAME OF HOSPI	TAL OR INSTITUTION	if not In hospita	il, give straat address)		d. STREET ADDRESS				. IS RESIDENCE
d with		492	. Diamer	ave.			420 E. Dia	amond Ave	€.		YES NO 2
be executed within 24 nd completely filled in by exbon papers. Pages I ar	3	NAME OF DECEASED	First		Middle		Lest	4. DATE	Month	Day	Year
rect pai		(Typa or print)	Robert	a.	Columbi	a	Jacobs	OF DEATH	Feb 21	td 1966	19
d com	5	SEX	6. COLOR OR RACE	7. MARRIED	X) NEVER MARRIED	7 8. D	ATE OF BIRTH	19.	AGE (in years IF		IF UNDER 24 HRS
e be ex and cor carbon nt, within	1	Female	White	WIDOWED [ne 8th 1889	5 1	ast hirthday) A	Conths Days	Hours Min.
certificate I bhysician ar remove ca eny event		a. USUAL OCCUPAT	ION (Give kind of world	105. KIND			11. BIRTHPLACE (Cour		/ /	I 12. CITIZEN O	F WHAT COUNTR
certificate physician a remove eny ever	_/'°	iona during most of we	orking lifa, evan if retire l'ife	id)	4	1	Woodfield.			US	
	13	HOUSE Y	17.16	π	T		. MOTHER'S MAIDEN				•
the death c attending ph Then please val, and in e		C+++3	Ann Wann					Burdette			
e dea endin in ple	15	5. WAS DECEASED EV	eton King ER IN U.S. ARMED FOR	CES? 16, 50	CIAL SECURITY NO.	17. INF		Juliue o ne	Address	-	
s that the an. y the atten mit. Then	0	fes, no, or unkown) (lf yas give war or dates of s	ervice)				Toooba		ersburg.	Ma
thall the	-	18. CAUSE OF I	DEATH [Enter only one	cause per line	for (a) (b) and (c))		James W.	ายเกิดต	* CAUT OTT		ERVAL BETWEEN
The law requires that the death attending physician. as been signed by the attending purial-transit permit. Then please ist, cremotal, and in			H WAS CAUSED BY:	1		2	0-1			ON	SET AND DEATH
hys ned iii p		1.55	IMMEDIATE CAUSE (a)		inoma	1	duch	(10)	-	1250	ultz
The law requarending phy as been signe burial-transit		15 78	DUE TO								
e law nding seen si ial-trar cremat		Conditions, if any									
The affence is being buria		(a), stating the u									
	_	cause last,	(c)	TIM 10 CO 1701			VP - revenue rep. rev.				
YSICIAN hospital o certificate use as th prior to bu	ě	PART II. OTHE	R SIGNIFICANT CONDI	TIONS CONTRI	BUTING TO DEATH BE	UT NOT R	ELATED TO THE TERMI	NAL DISEASE CO	NDITION GIVEN	IN PART I(a) 1	P. WAS AUTOPS' PERFORMED?
Nospital certifical r use as prior to	ાંે									١	ES NO
H 5	CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH	20b. DESCR	IBE HOW INJURY OC	CURRED.	(Entar nature of Injury in	n Part I or Part II o	of itam 18.)		
T = 0 =	1 .		MEDICAL EXAMINER)								
ATTENDING be retained by CTOR: After ald be detache a Dept. of He	MEDICAL	20c. TIME OF INJU	JRY Month, Day, Ya	er 20d. INJI Whila	JRY OCCURRED 20	e. PLACE factory.	OF INJURY (Home, fern street, office bldg., etc	n, ' 20f. (City or	lown)	(County)	(Stete)
MDI de A	ME	la band	19	at work	al work 🔲			1			
OR ATTENDI may be retained DIRECTOR: A 3 should be defe		21. I certify t	hat (I) (this hospil	tal) attended	the deceased for	rom7	-Charles	162, 10.7	26.2	49/- II	at (I) (we) la
E 문입문을		saw the deceas		m,30	19 Lat., and	that de	ath occurred at				
OR may DIRE		228. SIGNATURE	1 . 5				1				22b. DATE
14.7° =	.	Juch	ouren	mar	lun	M.D.		MED. DIRECTOR	STAFF PHYS.	1-2	-G SIGNE
PITAL Page 4 ERAL Page		224. PHYSICIAN'S			4 -	77772	22d. ADDRESS				A
HOSPITAL sath. Page 4 FUNERAL rector, page 5		NAME (Type)	Jack Sc	chumache	er M. D.		Gaithers	burg. Md			
death.	23	la, BURIAL, CREMATI	ON, 23b. DATE THE	EOF 2	C. NAME OF CEME	TERY OR			ON (City, town	or county)	(State)
¶ g o o o o o o o o o o o o o o o o o o		REMOVAL (Specify) Burial	2-5-66	5	Forest 0	ak			ersburg		Md.
йн	24	FUNERAL DIRECTOR			ADDRESS		25a. REC	'D BY REGISTRA	R 255. REGIS	TRAR'S SIGNAT	URE
VR A1S (4)		Ernest C	Gartner	Cos 4	hersburg.	Md.	6ATTE B	7 1966	11000	7/ ()	ege
20M 5-63	1	raties t	- Gar mer	Tal L	HEL BUCKE .	71700 0	1 Protes	1000			<u> </u>



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02526 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. funeral 1 ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY b. COUNTY MARYLAND Pages the hours off b CITY OR TOWN Laboutside corps (CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) ELENGTH OF STAY, IN 16 write RURAL and give nearest popers. (If not w hospital, give street address) d STREET ADDRESS .⊑ ON A FARM int, within 72 filled NO. carbon 3 NAME OF Midd-e 4 DATE Month Day Year completely DECEASED OF DEATH 19 (Type or print) IF UNDER IF JNDER 24 HRS S SEX & COLOR OR RACE MARRIED NEVER MARRIED AGE (In years burthday) Months Doys Hours WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done during most of working life, even fret red) 12 CITIZEN OF WHAT 106 KIND OF BUSINESS OR (County & States or foreign country) and i ANDUSTRY lease physicion 13. FATHER'S NAME MOTHER'S MAID burial, cremation, or removal, INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes are wor or dotes of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) ONSET AND DEATH burial-tronsit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) þ DUE TO paudis Conditions, if any, which gove use to immediate coase (a), DUE TO stating the underlying couse Page 4 may be retained by the hospital or attending prior to TO FUNERAL DIRECTOR: After this certificate has been erioscherosis 20Ver-125 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? USe CERT FICATION State Dept. of Health NO jo 200 ACCEDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour am. foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this hospital) attended the deceased from 14/3 28, 1966, that (1) (we) last 19 66 ct ta with the 19.66, and that death accurred at 5 7 M, from causes and an the date stated above. saw the deceased alive an_ 220 SIGNATURE **ATTENDING** director, page 3 should be filed w _M.D. DIRECTOR PHYS PHYS 310 WANT 22c PHYSICIAN S NAME (Type) BURIAL, CREMATION 23c, NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF (Stote) 2Sb REGISTRAR'S SIGNALURE ADDRESS 2So REC D BY REGISTRAR VR A15 (4) 1966 20 M 1/66



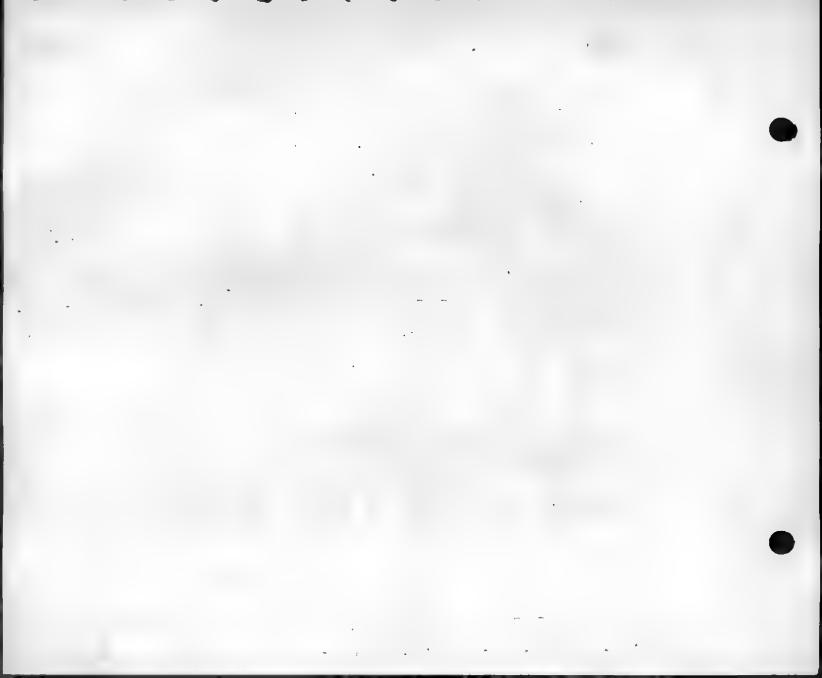
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending destructs, and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then peace remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	02521	CERTIFICATE	UF DEATH		92490
1.	PLACE OF DEATH	1	2. USUAL RESIDENCE (V	Where deceased lived, If institution	1: Residence before admission)
	a. COUNTY	Manualla	a. STATE	b. county	gomerci
	b. CITY OR TOWN (if outside corporate limits.	MARYLAND c. LENGTH OF STAY IN 1b	C CITY OR TOWN /If outs	ilde corporate limits, write RUF	
_	write RURAL and give nearest town)	21 01	1	'	, /
_	1 a Koma Hark	I adays Thour	s Silver	Spring	1. 10.0501051105
	d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospital, give street address)	d. STREET ADDRESS	', '	e. IS RESIDENCE ON A FARM?
	Vashington Sanitarium		8104 Carre	oll Lane	YES NO X
3.	NAME OF First DECEASED	Middle	Last 4.	DATE Month	Day Year
_	(Type or print) Havold /	Kandolph 1	Keeter	DEATH February	10 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8.	. DATE OF BIRTH	9. AGE (in years IFUND last birthday) Month	DER 1 YEAR IF UNDER 24 HRS.
1	nale white WIDOWED	DIVORCED D	Pecember 30,18	94 7/ yrs.	s Days Hours Min.
10a	USUAL OCCUPATION (Cive kind of work done 10b. King most of working life, even if retired)	IND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or foreign country) 12.	. CITIZEN OF WHAT
Bui		ndustry smac Steele	Marulas	1	In ited States
13.	FATHER'S NAME	THE OF CO. C.	14. MOTHER'S MAIDEN I		77772712720
	M. Chill. Kasta		Florence Sh	irk	
15.	, WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITYNO. 17.	INFORMANT (a) dia (
	s. no. or unknown) If If yes nive war or dates of service \	5-09-8767 14	youre (. Keefer Address 104	1 Carroll Lane
	1.63	[2]	44 PIH4II NHA	diff Silver	Spring Md
	18. CAUSE OF DEATH [Enter only one cause per li				INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY:	ENEBRAL TH	IKOMBOSIS,	MASSIVE.	3 days
П	OUE TO				2
-	Conditions, If any, which (b)	RIERIOSCLERO	TIC VASCULA	IR DISEASE.	LYEARS.
- 1	gave rise to immediate (
4	couse (a), stating the				
<u> </u>	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING TO DEATH BUT NOT DELAT	EN TO THE TERMINAL DISE	SECONDITION CIVEN IN PART I	(a) 119. WAS AUTOPSY
Ä	AKT III OTHER STURING TO AKT TO HOLD TO THE OWNER IN THE	A THO TO DESTIN DOT HOT KEEK	ED TO THE TERMINAL DISE	OF ACIDILION DIAFILIMITY IN	PERFORMED?
2					YES NO F
2	20a, ACCIDENT WAS UNDERLYING 1 20b, DOING CONTRIBUTING CAUSE OF DEATH	SESCRIBE HOW INJURY OCCUR	RED. (Enter nature of Inju	iry in Part I or Part II of Item	18.)
5	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
S		NJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, jy, street, office bldg., etc.)	20f. (City or town) (County) (State)
2	Hour a.m. While p.m. 19 at work	MOT WHITE	y, street, omcebiug., etc.)		
2	21. I certify that (1) (this hospital) attende		er. 7 1960	a to +06-9 , 19	66 that (1) (we) last
	saw the deceased alive on			M, from the causes and o	
	28al SIGNATURE	/ 1905, and that	death occurred at22		DATE SIGNED
	James 1 K CHemen V	n2.	ATTENDING MED.	STAFF C	Tet 10. 1966
	22c. PHYSICIAN'S	M.D.	PHYS. DIRE	CTOR PHYS	11810,1986
		THAN		BAR BUD, SILVERS	PKNIG Md.
220					
23a	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY		23d. LOCATION (City, town or	county) (State)
2.	Burial 2-14-56	Hrlington Nat	1 Cemetery E	Irlington Virgi	AR'S SIGNATURE
24.	FUNERAL DIRECTOR	434 Georgia Ave		1 1 1 2 2 2 4	P 11 .
Va	riner E. Pumphrey. Inc. 5	The Salvan III	Type FEB 1	4 1956	they judge

VR A15 (4) 20M 1/65



TO HOSPITAL OR ATTENDING PHYSICIAN: The lam requires that the duath certificate be executed within 14 hours after heath.

Tage 4 may be retained by the hospital or attending hysician. funeral TO FUNERAL DIRECTOR: After this certificate has been signing by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please reprove parbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORI	E 1, MARYLAND
02523	CERTIFICATE OF DEATH	1124
70 M 10 M 2		+ 8 Per migra

	a. COUNTY Montgomery	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATEMaryland b. COUNTYMont gomery					
	b. City Dr TDWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1t						
	Bethesda 15 years	Bethesda					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS e. IS RESIDENCE					
pt.	5817 Kingswood Road	5817 Kingswood Road ON A FARM? YES NO X					
	3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year					
	(Type or print) Stanicy Kenneth	Mello 99 DEATH Feb. 20, 1966					
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH Sept 23.1893 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min.					
	Male White WIDOWED DIVORCED	72 yrs. 4 27					
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT CDUNTRY?					
-	Unemployed (Invalid) 13. FATHER'S NAME	New York U. S.					
	Frank Kellogg	Susan Fisher					
	15. WAS DECEASED EVER IN U.S. ARMED EDROFEST 16. SOCIAL SECTIONETIME 17	INFORMATIO					
	(Yes, jno, or unknown) (If yes give war or dates of service)	nna M. Kellogg Same as Item 2.					
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY:	DNSET AND DEATH					
	IMMEDIATE CAUSE (a)	than?					
	Conditions, If any, which) Out to the Contraction	Arest deserve Very					
1	gave rise to Immediate						
ı	underlying course last						
		LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY					
	E Paluny enstroem	PERFORMED?					
-		CURRED. (Enter nature of injury in Part I or Part II of Item 18.)					
	20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW QUIURY OCCUPANTIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
-1	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pl	ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)					
1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PI 4 20d. INJURY OCCURRED 20e. PI 4 4 4 4 4 4 4 4 4	tory, street, office bidg., etc.)					
	21. I certify that (I) (this hospital) attended the deceased from	april , 1962, to 2 0 Feb, 1964, that (1) (we) last					
1	saw the deceased alive on the Yun 2019 05, and the	at death occurred at 1451M, from the causes and on the date stated above.					
1	22a. SIGNATURE	220. DATE SIGNED					
/ [D. ATTENDING K MED. STAFF 2-21-66					
	22c. PHYSICIAN'S GEORGE SHARPE	10511 Summit Ave., Kensington, Md.					
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	(,					
-	Burial-transit 2-21-66 Marion Cem						
	24. FUNERAL DIRECTOR ADDRESS POR FORM A DIMOUDEW Pathogdo Ma	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
-	ROBERT A. PUMPHREY Bethesda, Maryland DANEE B 24 1968 Icharles Judge						

VR ALS (4) 2DM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH funeral 1 and 2 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o COUNTY **b.** COUNTY MARYLAND b CITY OR TOWN (If auts de carparate C LENGTH OF STAY IN 16 event, within 72 hours of write RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ⊑ papers. ON A FARM? filled YES NO X 3 NAME OF Middle DATE Day First "ast Year remove carban campletely DECEASED (Type or print) OF 19 6-DEATH DATE OF BIRTH AGE (In years F UNDER 1 YEAR #F UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last b rinday) Months Days Hours WIDOWED DIVORCED burial, crematian, ar remaval, and many and 12 CITIZEN OF WHAT Oa USLAL OCCUPATION (G ve kind of work done 10b KIND OF BUSINESS OR COUNTRY? Own home ng physician (Then please during most of working fe, even if retired please 13 FATHER'S NAME 16 SOCIAL SECURITY NO Address **INFORMANI** (Yes, no or unknown) (If yes give war ar dates of service INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) burial-transit PART I DEATH WAS CAUSED BY MYOLARDIAL IMMEDIATE CAUSE (o) á **DUE TO** s gned i ARTERIOSCLEROTIC DISEASE Conditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the should be filed with the State Dept. af Health prior ta far use as the lost. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Haur a.m factory, street, office blda., etc.): Not While at work at work 21 | certify that (1) (this haspital) attended the deceased fram. 1966. to 19 6, that (I) (we) last page 3 shauld 1966, and that death occurred of AM, from couses and an the date stated above saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING M.D. PHYS DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S NAME (Typé) SUMMIT ENSINGTON 10511 230 BUR AL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATOR) LOCATION (City or Town) (Stote) (County) REMOVAL (Specify Arlinaton Nat'l Cemetery 2-10-66 lington 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR.

VR A15 (4)

20 M 1/66

DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH funeral death. and deat PLACE OF OEATH a. COUNTY / 1. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY a. STATE aftmr Montgomera MARYLAND b. CITY OR TOWN (If outside opporate limits, write RURAL and give mearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b haurs 드 e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) filled d. STREET ADDRESS event, within NO YES within completely NAME OF W)ddle DATE Year Last Month DECEASEO ÖEATH (Type or print) 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS remove 6. COLOR OR RACE DATE OF BURTH 7. MARRIED last birthday) | Months | Davs WIDOWED DIVORCED g physician see re phys 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME risti 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give war or dates of service) in signed by the attentation burial-transit permit. 16. SOCIAL SECURITY NO. | 17. INFORMANT Address med. record 5. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ONCHO NEUMONI attending physician. IMMEDIATE CAUSE (a) DUE TO ARCINOMA Conditions, If any, which tifillate has lleen s for use as the bu f Health prior to bu gave rise to immediate **DUE TO** (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? certifi≣ate RKINSONS DISEASE hospital or 208. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) d f l be detached State Dept. o **DIRECTOR:** After this cage 3 should be detached with the State Dept. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from JAN. 10, 1966 to FEB retained 2 19 6 6 that (i) (we) last and that death occurred at 10:38M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED 9 B director, page should be filed v ATTENDING DIRECTOR PHYS. TO FUNERAL PHYSICIAN'S 22d. ADDRESS NAME (Type) R NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION,) 23b. DATE THEREOF 23c. LOCATION (City, town or county) (State) REMOVAL (Soecify) REC'D BY REGISTRAR 25b." REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR AI5 (4) DATE-20M 1/65



1 ,	Items 18&21 Film G375 MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATEM	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR 12531 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	112495
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence of the country as STATE as b. COUNTY	idence before admission
And the	Montagnery Washington &	ond give nearest town
may be partment of death	b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)	-
モ마 S#	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Pagy urs	3 NAME DE FIRST Middle Last 4. DATE Month	Day Year
the the 72	(Type or print) Mariorie NMK LADD DEATH &	17 19 66 YEAR HE UNDER 24 HRS
ges 1. With within within		ays Hours Min.
ive Pal	during most of working life, even ligetired) INDUSTRY	IZEN OF WHAT
along, along, ages ages any any	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	aclian
Item 1 Office a File pag and in	Thomas Beable Mary Stewart Mary Stewart	
art s	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes gire war or dates of service) Clifford R. Ladd Same as Item	P
uted within in pencil is Examiner's Examiner's nsit permit, or removal	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
of it will be	PART I. DEATH WAS CAUSED BY: Acute, right, coronary insufficiency;	
uid be executed l'pending" in ef Medical Exar a burial-transit cremation, or	Conditions, If any, which geve rise to immediate (b) Coronary artery heart disease	
should b word "p Chief M as a bu urial, cre	cause (a), steting the DUE TO underlying cause last.	
the word "pending" to the Chief Medical E used as a burial-trant to burial, cremation,	ANNUAL PLANTAGE CONTRACTOR OF THE PROPERTY OF	19. WAS AUTDPSY REREDRIMED? YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (6) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CAUSE OF DEATH.	1 152 1 110
This certifie, writing brwarded to should be gent, prior		ity) (State)
	Hour a.m. While Not While factory, street, office bldg., etc.)	4 , (5.213,
the certificate the certificate should be four rifles.	21. I certify that Jook charge of the remains described above, held an Autopsy inspection inquiry	and in my opinio
age in the second	death resulted from: Natural causes X Accident . Suicide . Homicide . Undefermined manner .	
its its	ACTUAL SIGNATURE / COLOUR / COLOUR M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER OF THE COLOUR EXAMINER OF THE COLOUR EXAMINER OF THE COLOUR EXAM	22. DATE SIGNED
DEPUTY ME lease exect frector. Pa stained for FUNERAL D f Health or	EXAMINER'S BELDEN R. READ M. Daddes Streen, Entres, or county) Jely,	17,196
TO DEPUTY please explication. Tetalined to FUNERA of Health	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or cour	nty) (State)
F H -)	Burial Feb. 19-66 Cedar Hill Cometery Suitland Md. 24. FUNERAL DIRECTOR Suitland Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
VR ALSME (5)	St. ons Bros1661-Good Hope Rd SE Wach DC DATE B 21 1966 Charle	2 Judge



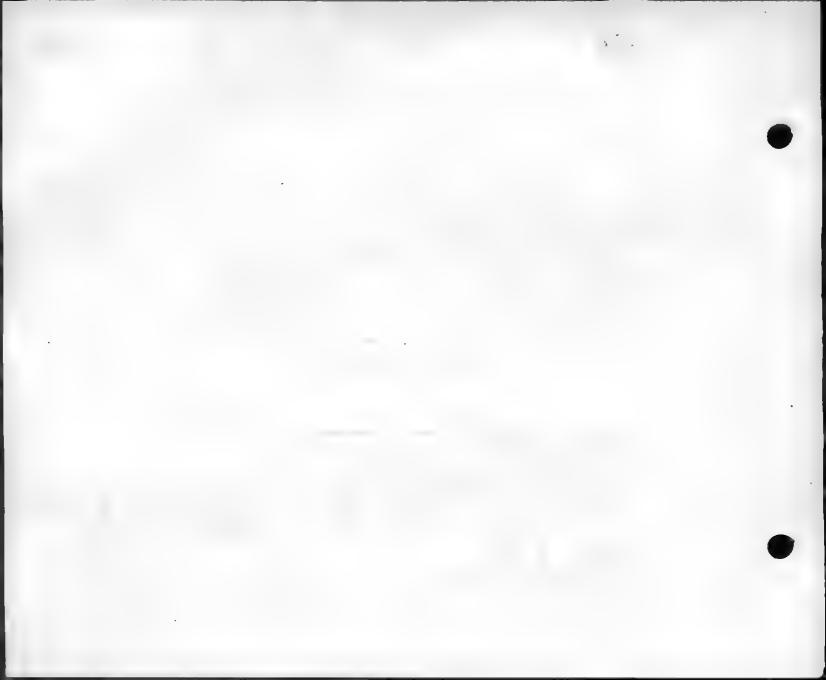
TO HOSPITAL OR ATTENDING PHYSICIAN: The lam requires that the death certificate be executed within 24 hours after death.

Page 4 may be relatined by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1-and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

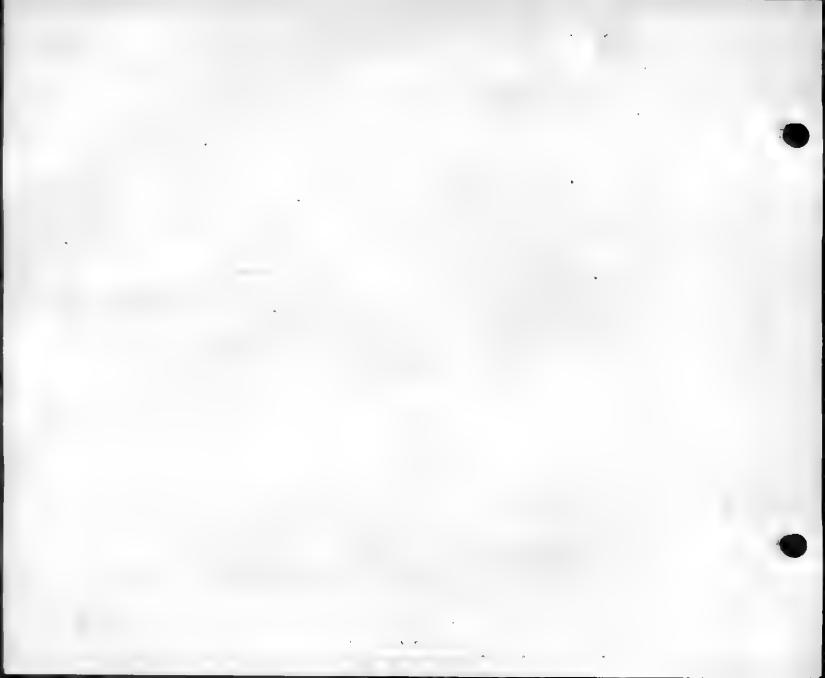
> VR A15 (4) 15M 4-64

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTIC	CAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
02532	CAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH	1)245

_	0.400.0				7.7
1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE a. STATE	(Where deceased lived, if institution: R	esidence before admission)
	montgomery	MARYLAND	mapulai	112 mint	GOMERY
		C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write RURAL	and give nearest town)
	Silver Spring	2 days.	ROCKU.	1466	,
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	oltal, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
_	HOLY CROSS HOSP	17 AL	247 Roll		YES NO P
3.	NAME OF First DECEASED	Middle	,	DATE Month	Day Year
	(Type or print) Louis	I. L	-ANDAU		6 19
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED []	B. DATE OF BIRTH	9. AGE (In years IF UNDER Iast birthday) Months	Days Hours Min.
	MALE White WIDOWED	DIVORCED	0/1/93	70 yrs.	TITTO OF WHAT
du		USTRY _	4.0		DUNTRY?
_	RetiRED POST	OFFICE DEDT	R'ew i		U.S.A.
13	FATHER'S NAME	,	14. MOTHER'S MAIDEN	LNAME	
5	BMUEL COHEN		LEMA LE	VINE	
	i. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SC es, no, or unkown) (If yes give war or dates of service)	CIAL SECURITY NO. 17.	INFORMANT	Address	Efeath, me
	NO HONE	MA	RILYly KWEL	LER-5907-2/2000to	R- PRol.
	18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	bro vascu lar	accident		1 day
1	X DUE TO	1 1 .			4
	Conditions, If any, which	oral artorio	Sclevos13		1783.
	gave rise to immediate (
2	underlying cause last. (c)				- ALLTONOV
臣	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE				19. WAS AUTOPSY PERFORMED
	Pohnoney emphysema	; Recent myo		ition (2 whs)	YES NO NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DECONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCU	IRRED. (Enter nature of In	Jury in Part I or Part II of Item 18	.)
		URY OCCURRED 20e. PLA	CE OF INJURY (Home, farm	n, 20f. (City or town) (Cou	inty) (State)
MEDICAL			ry, street, office bldg., etc.		
蓋			20+	65 to Feb 21, 196	that (I) (we) last
	21. I certify that (I) (this hospital) attended	the deceased from	deeth accurred at //	111M, from the causes and on t	he date stated shove
	saw the deceased alive on FC 5 22a, SIGNATURE	1 19 05, and that	death occurred ar-		ATE SIGNED
	Stillen Value	M.D	ATTENDING ME	RECTOR PHYS.	. 21, 1966
П	22c. PHYSICIAN'S	1	22d. ADDRESS .		1/
	NAME (Type) Sidney) - (c	s her,	50 W. Ed ma	my ten Prive, Rockui	110/144.
23	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or co	unty) (State)
	BURIAL (Specify) 2/23/66	Int fudak	Cem.	Brooklyn.	3. 1/2
2	. FUNERAL DIRECTOR	ADDRESS	25a REC'D	BY REGISTRAR 25b. REGISTRAR	SIGNATURE
3	Doedbern Freneral Home	17/7- 9 bh dy	1.4 DATE	1913 Julan	en Judge
-					11 17



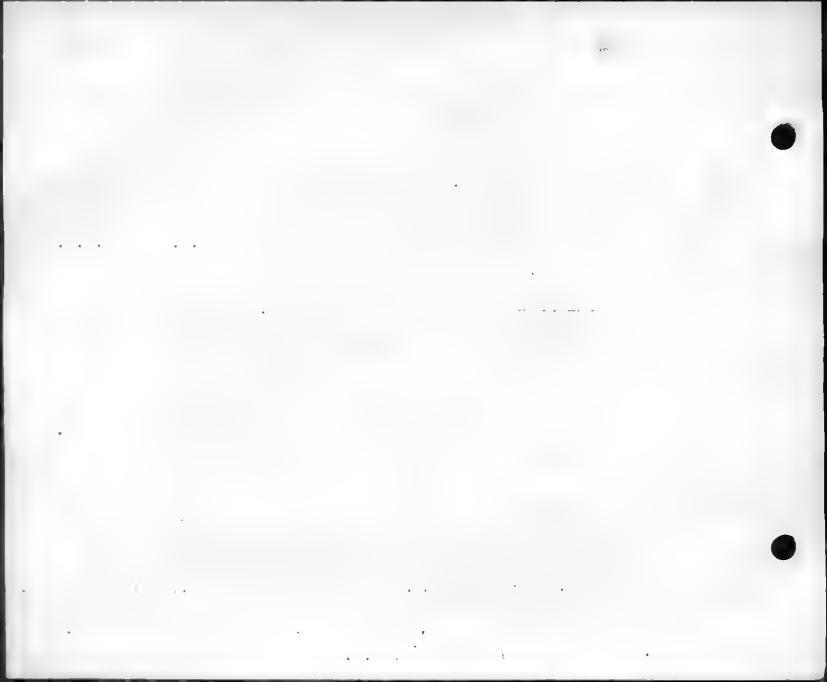
1	· Market	30	Items 18-21 Film G37 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR S	TATE		02533 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02497
HEALTH	DEPT.		1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 3. STATE 3. OUNTY MARYLAND MARYLAND
necessary, the funeral 5 may be	Department after death.		b. CITY OR TOWN (If cotside corporate limits, write RURAL and give necrest town) Swrite RURAL and rive nearest town) Swrite RURAL and rive nearest town)
the the	Depa after	-	d. NAME DF HDSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
delay is nd 3 to . Page	State hours	0	The Lost 14. Day Year Day Year Day Year Month Day Year
any del 2, and PM3.	the		(Type or print) MARTHA FELDMAN LANZA DEATH Febr, 14 1966
fees 1,	Within		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED JAN, 6, 1927 S. DATE DF BIRTH 9. AGE (In yeers If UNDER 1 YEAR IF UNDER 24 HRS Alast birthday Months Days Hours Min.
ter des Give Pa	1 and		10a. USUAL DCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR HUNDRED TO WORKING life, even if retired) 10b. KIND OF BUSINESS OR HUNDRED TO WORKING life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 12. CITIZEN OF WHAT COUNTRY? 12. COUNTRY? 12. CITIZEN OF WHAT COUNTRY? 13. CITIZEN OF WHAT COUNTRY? 14. COUNTRY? 15. COUNTRY? 15. COUNTRY? 15. COUNTRY? 15. COUNTRY? 16. COUNTRY?
irs aft 18. G along	pages In any	r	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
14 hor Item Office	File		John R. Feldman Seulah Barker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
thin 2 icil in er's (permit. removal,		(Yes, no, or unkown) (If yes give war or dates of service) 265-24-9417 Francisco M. Lanza 9509 Woodley Avenue None
uted withi " In pencil Examiner			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: Acute poisoning due to potassuim cyanide IMMEDIATE CAUSE (a)
executed ding" In ical Exa	trans ion, o		7718 DUE TO
ben Wed	burial-transit cremation, or		Conditions, If any, which gave rise to immediate (b) ingestion, apparently self-administered.
should word ' Chief	as a l rial, c		underlying cause last. (c)
ficate s the w	used to bu	2	PERFORMED? YES NO
7 20-	uld be		
돌을크	3 shoul agent, p		20c. TIME DF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour 23. 00 p.m. 2/14 1966 at work at work 2 Street Silver Spring Montg Md.
EXAMINER: certificat could be fo	ed ed		21. I certify that I took charge of the remains described above, held an Autopsy , inspection , Inquiry , and In my opinion
L EXAM	TOR: Pe lesignal		death resulted from: Natural causes Accident . Suicide X, Homicide . Undetermined manner
MEDICA Pecute t	JREC its o		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER () DATE SIGNED
>- × "	ERAL D		EXAMINER'S BELDEN R. READ M.D. Address (Street, city, town, or county) Febr, 14/966
D DEPUTY please ex director.	O FUNER Of Healt		238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2-17-66 Arlington Nat'l Cemetery Arlington Virginia
F	Ħ		24. FUNERAL DIRECTOR A LA LOS CAMPAS ADDRESS 1250. REC'D BY REGISTRAR' 250. REGISTRAR'S SIGNATURE
	A15ME		Warner E. Pumphrey, Inc. Silver Spring Md DATE EB 18 1956 Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Pages 1 and 2 ours after death, PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY 2. STATE hours after ONTESME MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) ve carbon papers. Page event, within 72 hours filled in I ANSTITUTION (# not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR ON A FARM? NO PHYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician. completely DATE Month Day Year 3. NAME OF First Middle Lest 4. DECEASED OF (Type or print) DEATH lease remove cand in any evel SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IFUNDER 24 HRS 8. NEVER MARRIED last birthday) Months Days Hours and 33 DIVORCED WIDOWED 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician a director, page 3 should be detached for use as the burial-transit permit. Then please reshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in 10a. USUAL OCCUPATION (Give kind of work done I 10b. KIND OF BUSINESS OR industry

wm Home during most of working life, even if retired) U.S.A. D.C. Washington Housewift 0vm13. FATHER'S NAME MOTHER'S MAIDEN NAME Helen Bergmann George Oberndoerfer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Oberndoerfer 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (I f yes nive war or dates of service) Laubscher- Same Lawrence No INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: O Months OCALCINOMA IMMEDIATE CAUSE (a) OX DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating cause underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES TO NO T DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. While at work Not While Page 4 may be retained by ATTENDING at work 1966, that (I) (we) last to. 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 7:50 AM, from the causes and on the date stated above. saw the deceased alive on 1966 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR STAFF ATTENDING PHYS. PHYS. M.D. PHYSICIAN'S 22d. NAME (Type) G. Lennard Gold, M.D. 8641 Colesville Rd., Silver Spring, Md. 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Prince Georges 25b. REGISTRARS Burial ncoln REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 5130 Wis . 1966 Jos Gawler's Sons, Washington

VR A15 (4) 15M 4-64



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be, executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. rage 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please femove, within 72 hours after death, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE D	EPARTMENT OF HEALTH DS. 301 W. PRESTON STREET, BALTIMORE 1, M	ΙΔΡΥΙ ΔΝη
	02535 CERTIFICA		()2499
1.	a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Ri	esidence before admission)
	b. CITY OR TOWN (if outside corperate limits, write RURAL and give nearest town) MARYLAND C. LENGTH OF STAY IN 1	MARWAND MONIGO	and give nearest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	SILVER SPRING	o. IS RESIDENCE
1	WASHINGTON SANITARIUM + HOSPITAL	8452 PINEY BRANCH COURT	YES NO A
3.	NAME OF DECEASED (Type or print) Win ifre c/ (MMN)	LAWRIE DEATH February	Day Year 27 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IT UNDER: last birthday)	
10a	B. USUAL OCCUPATION (Give kind of work done industry indu	December 32 1882 73 yrs. 11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT
	AT HOME FATHER'S NAME	New York	
	Madall -	UNKNOWN	
	es, no, or unkown) (if yes give war or dates of service)	NOSDITAL REGERT	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	Hereka Con's	INTERVAL BETWEEN
	IMMEDIATE CAUSE (a)	race prometally	8 ctays
	A DUE TO C. /	1	
	Conditions, if any, which by Conteriosclere	tic cardio Vescular disease	unknown
	conditions, if any, which gave rise to immediate cause (a), stating the DUE TO	tic cardio Vescular disease	unknown
ICATION	conditions, if any, which gave rise to immediate cause (a), stating the DUE TO		19. WAS AUTOPSY PERFORMED? YES NO NO
CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE		19. WAS AUTOPSY PERFORMED? YES NO
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE 20a. ACCIDENT WAS UNDERLYING CONCENTRIBUTING TO DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. P	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE 20a. ACCIDENT WAS UNDERLYING CONCENTIBUTING TO DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P. Hour a.m. p.m. 19 at work at work 12. I certify that (I) (this hospital) attended the deceased from.	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PLACE OF INJURY (Home, farm, 20f. (City or town) (Couctory, street, office bldg., etc.)	19. WAS AUTOPSY PERFORMED? YES NO V nty) (State)
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE 20a. ACCIDENT WAS UNDERLYING CONCENTIBUTING TO DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P. Hour a.m. p.m. 19 at work at work 12. I certify that (I) (this hospital) attended the deceased from.	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18. PLACE OF INJURY (Home, farm, 20f. (City or town) (Couctory, street, office bldg., etc.) Fig. 20, 1966, to 1662, 1964, hat death occurred at 500 M, from the causes and on the 122b. Divinity of the causes and the 122b.	19. WAS AUTOPSY PERFORMED? YES NO V nty) (State)
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE 20a. ACCIDENT WAS UNDERLYING CONCENTRIBUTING TO DEATH BUT NOT RE 20a. ACCIDENT WAS UNDERLYING CONCENTRIBUTING TO DEATH BUT NOT RE 20a. ACCIDENT WAS UNDERLYING CONCENTRIBUTING TO DEATH BUT NOT RE 20b. DESCRIBE HOW INJURY OC OR CONTRIBUTING TO DEATH BUT NOT RE 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED FOR ATT OF THE PROPERTY OF THE PROPER	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CCURRED. (Enter nature of injury in Part I or Part II of Item 18. PLACE OF INJURY (Home, farm, 20f. (City or town) (Couctory, street, office bidg., etc.) The Late 1966, to February, 1966, to Februa	19. WAS AUTOPSY PERFORMED? YES NO V

NAME OF CEMETERY OR CREMATORY

Hill

Cedar F

Wash.D.C.

LOCATION (City, town or county)

Crematory Sultland, Md.

19 56

VR AI5 (4) 20M 1/65

23a. BURIAL CREMATION, 23b. DATI
Cremation 3-324. FUNERAL DIRECTOR
JOSeph Gawler's
5130 Wisc. Ave.

DATE THEREOF

Sons

3-3-1966



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02536 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY MARYLAND CLENGTH OF STAY IN B de corparate limits, write RURAL and give negrest tawn) d NAME OF HOSPITAL OR INSTITUTION (finat in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? NO X 3 NAME OF Middle DATE DECEASED OF (Type or print) DEATH S SEX F UNDER 1 YEAR 6 COLOR OR RAPE 7. MARRIED NEVER MARRIED AGE (n years lost birthdoy) WIDOWED DIVORCED 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT U.S.A during most of working life, even if retired) INDUSTRY Washington, None Joseph Lechman 15 W LEASEC + KIN S ARMED FORCES"

(Yes · or unknown) ((i yes a ve war or dates af service) 16 SOCIAL SECURITY NO 17 INFORMANT 10404 Rockville Linda Lechman Rockville, Maryland None INTERVAL BETWEEN ONSET AND DEATH IB CAUSE OF DEATH (Enter on γ one couse per line for (a), (b) and (c))
PART I DEATH WAS CAUSED BY Bronchopneumonia davs IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO stating the underlying couse lost. PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (6) 19 WAS AUTOPSY CERTIFICATION PERFORMED? NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of nury in Part I or Port II of Item 18) PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 20d INJURY OCCURRED 20e PLACE OF NJURY (Home form, 20c TIME OF INJURY Month, Day, Year (City or town) (County) (Stote) factory, street, affice bldg , etc.) While of work ot work 2). I certify that I took charge of the remains described above, held an Autopsy 🔀 Inquiry X Inspection X, and in my apinion death resulted from Natural causes 🔀 Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE G. Ball, M.D. John NAME (Type) Address (Street, city, town, or county) BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 22/66 2 Northwood Cemetery Philadelphia. 24. FUNERAL DIRECTOR ADDRESS 25o. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 2Sb Robert A. Pumphrey Bethesda, Md.

VR A15ME (5) 6M 1/66

0

Health ar May



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02537 PLACE OF DEATH a. COUNTY funeral and 2 death. death. 1. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Pages 1 a b. COUNTY after Montaomeru MARYLAND Montgomery b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. Pag hours Silver Spring LUCK SOMMO 18 urs .⊑ filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS 6. IS RESIDENCE ON A FARM? 321 Roanch Drive 321 Branch Drive ND X within etely carbon 3. NAME OF First Middle DATE Month Year **OECEASED** Phillip event, 1 L'eicht. gerald compli (Type or print) DEATH tebruary 19 66 and con 5. SEX 6. CDLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 9. 7. MARRIED T NEVER MARRIED last birthday) | Months | Days March 21. Male any DIVDRCED | WIDDWED / 12. CITIZEN DF WHAT ician 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) be during most of working life, even if retired) INDUSTRY Medford. Wisconsin Paviden certificate 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME attending phermit. Then remova Herman Leicht Anna Stein he att. permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes, give war or dates of service) Signe R. transit perm cremation, None INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 103 been signed by the burial-transit or to burial, crema DISET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. Ca IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. WAS AUTOPSY r this certificate hadetached for use a detached for use a te Dept. of Health p PART II. D'THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICAT No 🔯 ere Wrom asis - right by the hospital 20a. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year I 2Dd, INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) be de State I DIRECTOR: After tage 3 should be defined with the State Hour a.m. While Not While p.m. at work et work retained 21. I certify that (I) (this hospital) attended the deceased from M. from the causes and on the date stated above. and that death occurred at 11 saw the deceased alive on 22a. SIGNATURE DATE SIGNED page ATTENDING PHYS. OIRECTOR _ PHYS may PHYSICIAN'S NAME (Type) ADDRESS O FUNERAL 22d. 22c. director, p should be 1 Page LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY 23d. 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) rematoru TEMATAO 25a. REC'D BY REGISTRAR ADDRESS Georgia Hyenne VR A15 (4) wer spring I'd. 20M 1/65

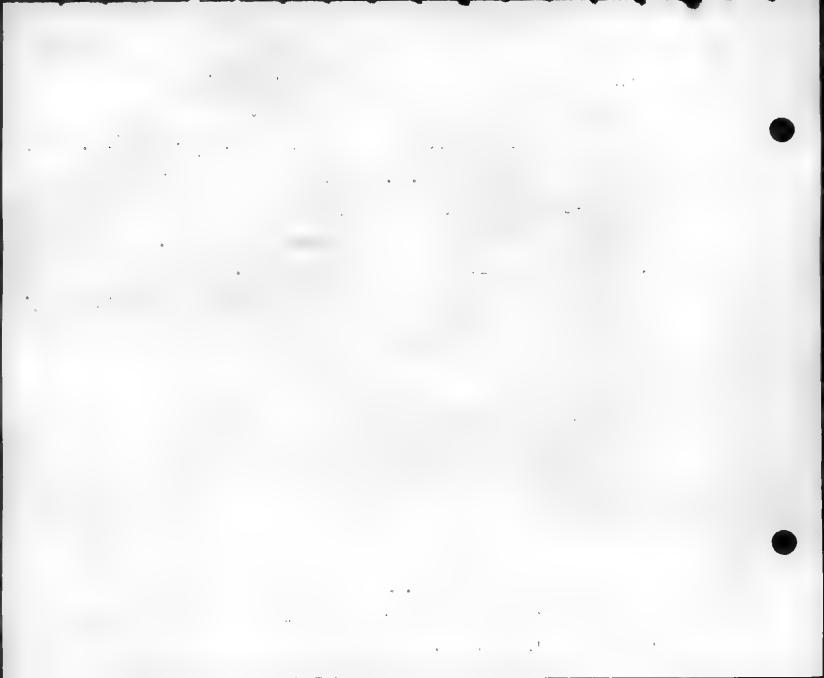


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detailed for use as the Ilurial-transit permit. Then please refinore carbon papers. Pages 1 and a should be filed with the State Dept. of Health prior to burial, cremation, or removal, and answedent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

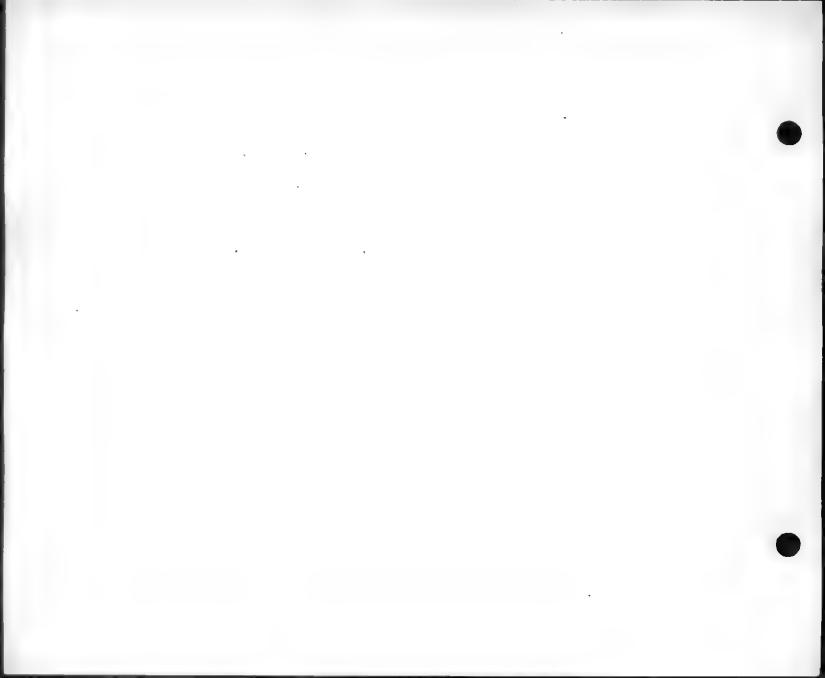
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02538
CERTIFICATE OF DEATH

1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. county Montgomery Maryland	*District of Columbianty
b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) Bethesda	Washington 47
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Resmor Sanitarium & Hospital	2122 Massachusetts Ave., N.W. YES NOTE
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) MINNIE H. B.	LEIGH DEATH FEBRUARY 9 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years if UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
Female Caucasian WIDOWED X DIVORCED	9/27/1871 94 yrs.
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife Home	Grebada County, Miss. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dr. Warren F. Barksdale	Virginia H. MacLaughlin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17.	INFORMANT (Attorney) 501 Colorado Bldg.
(Yes, no, or unknown) (If yes give war or dates of service)	Andrew T. Altmann Washington, D. C.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY	heart disease onset and Death
IMMEDIATE CAUSE (a) 11 10 5001010	113000
DUE TO	
Cénditions, if any, which (b)	
cause (a), stating the DUE TO	
underlying cause last. (c)	Lan Har all Opey
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELI	PERFORMED
E Cerebral arteriosclerosis (Chronic bi	rain syndrome) YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELIED TO COMPANY CONTRIBUTING TO CONTRIBUTION TO CONTRIBU	URRED, (Enter flature of Injury in Part I or Part II of Item 18.)
	ICE OF INJURY (Home, farm, 1 2Df. (City or town) (County) (State)
Hour a.m. While Hot While factor	ory, street, office bldg., etc.)
	10 45
21. I certify that (i) (this hospital) attended the deceased from	1947, 19 to 2/9/66, 19 that (1) (was last
	t death occurred at M. from the causes and on the date stated above.
22a. SIGNATURE	- THE STATE OF STATE A STATE AS A STATE OF STATE AS A STATE OF STA
The cener !	
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
HENRY D. ECKER, M.D.	917 20th St., N.W., Washington, D.C.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	
Cremation ~/10/1966 Cedar Hill (rematory Suitland, Maryland
Joseph Gawler's Sons, Inc. Washingt	on, D. O.F. B 15 1956 Polarles Judge.

VR A15 (4) 20M 1/65



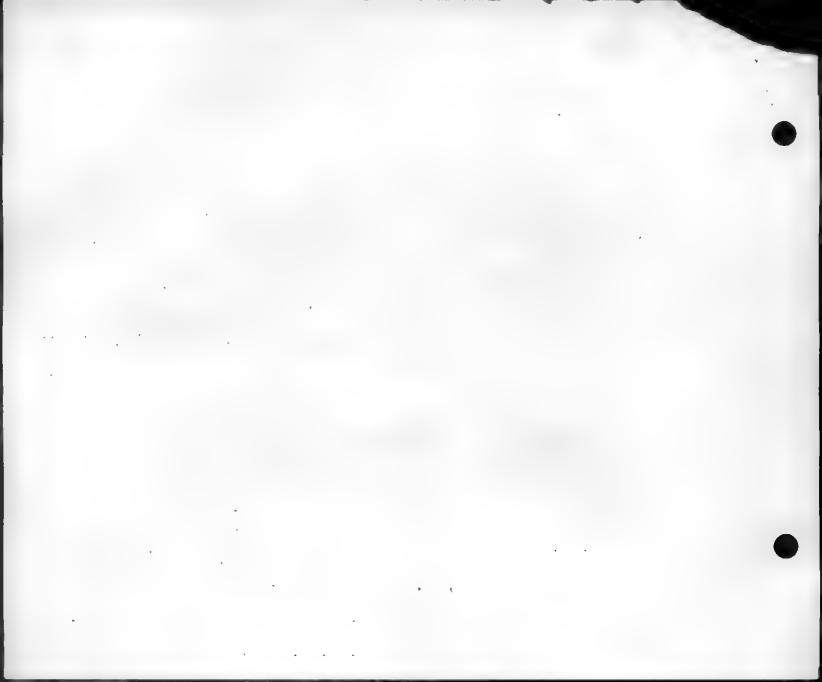
1	3	1 t	ems 18&21 Film G3 Division of STATIST	74 3/1MARY ICAL RESEARCH	MANDESTATE DE AND RECORDS, 30	PAKIMENT OF F 1 W. PRESTON STR	IEALTH EET, BALTIMORE, N	MARYLAND 212	01
FOR ST.	ATEIN		02539	MEDICAL	EXAMINER'S	CERTIFICATE (OF DEATH	{}	2503
HEALTH I	DEPT		LACE OF DEATH			2. USUAL RESIDENCE	(Where deceased lived, if		
e q e	± et		Montgomery Co		MARYLAND	Maryland	P	rince Geo	rges
> 20 8	partment af after death.	_	CITY OR TOWN (If outside corporate I mits	T c IFN	GTH OF STAY N 1b	4	outside corporate limits w		
delay and 3 A3. Pag	r d		write RURAL and give nearest town) Silver Spring	DO		Laure1	orbido to pordio in in is in	11 to 11010/12 or a give	7
ony dela	Departm rs after (MAME OF HOSP TAL OR INSTITUT ON (If no			d STREET ADDRESS			e IS RESIDENCE
	Del		,						ON A FARM?
ter death Li Give Pages ing with far	hours		Holy Cross Hospita			Laurel,			YES K NO
Partie of the state of the stat	e St 72		IAME OF Fir		Middle	Lost	4 DATE OF	Month	Doy Year
er d Ive	∓ <u>≡</u>		Type or print) JOHN		-	LEISHERR	DEATH	2/25/	166
after death 8. Give Page along with f	with the Si within 72	5.	EX 6. COLOR OR RACE	7 MARR ED	NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In y lost birth		YEAR IF UNDER 24 HRS Dovs Hours Min
	S =		male white	WIDOWED		11/3/11	54	ΥΓS	
haurs tem 1			SUAL OCCUPATION (Give kind of work done	IOB KIND OF 8	BLS NESS OR	11 BIRTHPLACE (Stot	e or foreign country)		ZEN OF WHAT INTRY?
Z = .v		031	ig most of working life, even if set red)		ment, St. 1	Dept Howard	Co. Md.		SA
iner in	paget in an	13	FATHER'S NAME			14 MOTHERS MAIDEN			
within pencil xamine			John THomas Leish	agr		Marylee	Walker		
Ş ⊑ X	and	15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL	SECURITY NO. 17.	INFORMANT	110121101	Address	
ute g	Mat.		, no, or unknown) (If yes give war ar dates o	service)	14-967 J	T Leishear-	father-come	addrace	oe deressed
d be executed within and 'pending in pendil'. Chief Medical Examiner	ansit permit. or remaval,		18 CAUSE OF DEATH (Enter only one cou			I relanear-	Latitel - bame	address	INTERVAL BETWEEN
be e 'per	isit r re		PART I DEATH WAS CAUSED BY.			hnamhacic			ONSET AND DEATH
			4201 IMMEDIATE CAUSE		coronary t	MLOMBORYS			
shauld e ward a the C	-lai		(and the stand which have			heart dise	0.50		
sh a t	bur		rise to immediate couse (a)		ry artery	Heart dise	abe.		
aşe d ∓ b	G G		stating the underlying couse DUE	10 /)					
if a	al, o		last.	(c)					T A MARK HITCH
This certif.cate shauld icate, writing the ward be farwarded ta the Ch	used as a burial-tr burial, crematian, -	8	PART I OTHER SIGNIFICANT CONDITIONS CO	INTRIBUT NG TO DEAT	BUT NOT RELATED TO	THE TERMINAL DISEASE (C	INDITION GIVEN IN PART	I(o)	9 WAS AUTOPSY PERFORMED?
	to T	FICATION							YES NO
		11 11	200 EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐	20b DESCRIBE	HOW INJURY OCCURRED	(Enter nature of injury in	Port or Port II of item	18)	/ \
Certical and a solid	shauld t, priar	L CERT	CAUSE OF DEATH.						
	100 ±								
INER: ne certifi shauld files.	m =	Š	20c TIME OF INJURY Month, Doy, Year	20d INJURY O		ACE OF INJURY (Home, for		own) (Cou	nty) (Stote)
AMINE e the ce e 4 sho	ige 3 agen	MEDICAL	Hour o m.	While	lot While foc	ACE OF INJURY (Home, for tary, street, office bldg , etc		own) (Cou	nty) (Stote)
EXAMINE COTE the Cotage 4 shour file	Page 3 d agen	MEDICA	Hour o m. p m. 19	While of work	lot While Got work Got	tory, street, office bldg , etc	:)		
AL EXAM xecute th . Page 4 far your	OR: Page 3 nated agen	MEDICA	Hour o m. pm. 19 21 certify that I took charge	of the remoins	lot While for ot work described obove, he	eld on Autopsy	Inspection X,	Inquiry ,	ond in my apınıar
AL EXAM xecute th . Page 4 far your	OR: Page 3 nated agen	MEDICA	Hour o m. pm. 19 21 certify that I took charge	of the remoins	lot While for ot work described obove, he	eld on Autopsy cide III Homica	Inspection X, e Inspection		
MEDICAL EXAM lease execute th director. Page 4	DIRECTOR: Page 3 designated agen	MEDICA	21 I certify that I took charge death resulted from: Natura	of the remoins	lot While for ot work described obove, he	eld on Autopsy cide Homicid	Inspection X, e Undeterment	Inquiry ,	
MEDICAL EXAM please execute the director. Page 4 etamed far your	DIRECTOR: Page 3 designated agen	MEDICA	Hour o m. 19 21 I certify that I took charge death resulted from: Natural SIGNATURE	of the remoins	lot While for ot work described obove, he	eld on Autapsy cide Homicid	Inspection X, e Undeterment L EXAMINER DICAL EXAMINER	Inquiry ,	ond in my apınıaı
ITY MEDICAL EXAM ry, please execute th eral director. Page 4 be retained far your	RAL DIRECTOR: Page 3 or its designated agen	MEDICA	21 I certify that I took charge death resulted from: Nature	of the remoins	lot While for ot work described obove, he	cide . Homicid CHIEF MEDICA ASSISTANT ME DEPUT ASE	Inspection , e Undetermit L EXAMINER DIDICAL EXAMINER CALEXAMINER	Inquiry ,	ond in my apınıaı
ITY MEDICAL EXAM ry, please execute th eral director. Page 4 be retained far your	RAL DIRECTOR: Page 3 or its designated agen		Hour o m. 19 21 I certify that I took charge death resulted from: Natural SIGNATURE Deleter EXAMINER'S NAME (Type)	while of work of the remoins couses	lot While for ot work described obove, he	cide . Homicid CHIEF MEDICA ASSISTANT ME DEPUT ASE	Inspection X, e, Undeterment L EXAMINER DICAL EXAMINER CA ET. Try. Town, or county)	Inquiry , ned monner	22. DATE SIGNED
ITY MEDICAL EXAM ry, please execute th eral director. Page 4 be retained far your	L DIRECTOR: Page 3 its designated agen		Hour o m. pm. 19 21 I certify that I took charge death resulted from: Natura SIGNATURE EXAMINER'S NAME (Type) BURNAL, CREMATION, 23b DATE THE	of the remoins I couses REOF 23c	lot While of twork of twork of twork of two	cide . Homicid CHIEF MEDICA ASSISTANT ME DEPTY AND CREMATORY	Inspection , e Undetermit L EXAMINER DIDICAL EXAMINER CALEXAMINER	Inquiry , ned monner	ond in my apınıaı
ITY MEDICAL EXAM ry, please execute th eral director. Page 4 be retained far your	RAL DIRECTOR: Page 3 or its designated agen		Hour o m. pm. 21 I certify that I took charge death resulted from: Natural SIGNATURE EXAMINER'S BELDEN BURIAL, CREMATION, 23b DATE THE REMOVAL (Specify)? 2-2 P	of the remoins I couses REOF 23c	lot While of twork of two described obove, he accident , Suite each , L	cide . Homicid CHIEF MEDICA ASSISTANT ME CREMATORY CREMATORY	Inspection , , e Undetermed L EXAMINER DDICAL EXAMINER (A. EXAMINER CATTON (City 100 of county) 23d 10CATION (City 100 of county)	Inquiry , ned monner	ond in my apiniar 22. DATE SIGNED (County) (Stote)



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any exent, within 72 hours after teath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospitai or attending physician.

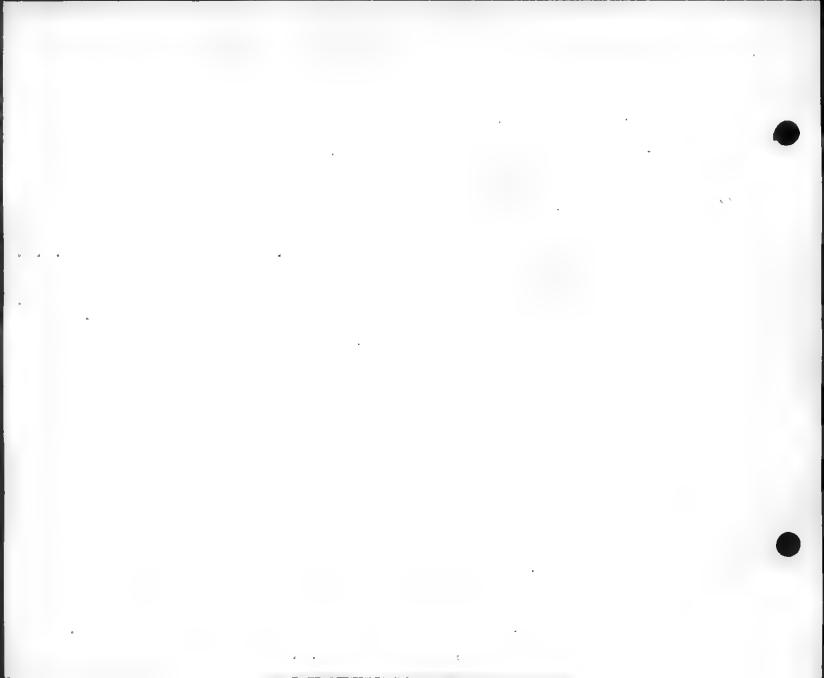
	I	tem 21 I	Film G373	2/1MAR	YLAND STATE	DE	PARTMENT OF	HEA	LTH					
		02540	N OF STATISTI	CAL RESI	EARCH AND REC CERTIFIC	OKNS	, 301 W. PRESTO	N SIR	EET, BAL	TIMOF	RE 1, 1	MARYL 251	AND	
- Commence	1,	PLACE OF DEAT	H Montgor	ne r y			2. USUAL RESIDENCE		t t	i, if inst		Residence	before at	imission
			N (If outside corpora and give nearest too hesda		c. LENGTH OF STAY		c. CITY OR TOWN (If	outside		ilts, writ	6 RURAI	end giv	e neares	st town)
*				ON (if not In I	ll Days hospital, give street ad	dress)	New Milf	ord		i	•		. IS RES	
		e Clinic	al Center,				355 Lacey						ES 🔲	NO X
		(Type or print)	Elizabe		Middle (NMN)		Last Levine	4. DA OF DE	ATH Febr	Month uary		Day	Ye:	
	1	sex emale	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIED DIVORCED		DATE OF BIRTH		9. AGE (In last birt	voure 11	CHNDED	1 YEAR Days	Hours	
1	10a dur	. USUAL OCCUPATINg most of work Housew	ION (Give kind of work ing life, even if retire	done 10b. (KIND OF BUSINESS OR INDUSTRY	<u> </u>	11. BIRTHPLACE (Co		ate, or foreign		C	OUNTRY	DF WHAT	
	13.	FATHER'S NAM		1			14. MOTHER'S MAID	EN NAME			J U	SA_		
			rnett Prage				Bertha							
I	15. (Ye	s, no, er unkown)	EVER IN U.S. ARMED FO (If yes give war or dates o	of service)	SOCIAL SECURITY NO.		INFORMANT The M							
1	_	NO CAUSE DE	DEATH (Enter only on	1.	ot Available		ne Clinical	Cent					ary L	2:
1			ATH WAS CAUSED BY	,			coronary a	nt am	cannul			ONS	minu	DEATH
1		420	IMMEDIATE CAUSE		Secuton of	ret o	coronary a	r cor	MirTTe	Del	mg/	70	IN ETIC	LUES
		Conditions, if	any, which \		erosclerosis	3						10 Years		
		cause (a), stating the DUE TO												
	NO	underlying caus		(c)	CUTING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL D	ISFASEC	ONDITIONGL	VEN IN D	ART 1/2)	[19	WAS AU	TOPSY
	ICATI				4 Years		TED TO THE TERMINAL D	ISENSE V	ORDITIONGI	ACIT (IIT	AN 1 1(0)		PERFOR	
•	CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	Aortic Ste Was underlying T NG T CAUSE OF DEA TIFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJUR	Y OCCU	RRED. (Enter nature of	injury ir	Pert I or Pa	art II of	item 18	3.)		
	MEDICAL	20c. TIME OF Hour e.m		Year 20d. While at wo		De. PLA: factor	CE OF INJURY (Home, fa ry, street, office bidg., et	rm, 201	. (City or to	own)	(Co	unty)	(5	state)
		21. I certife saw the dec	y that (i) (this hosp ceased alive on $\frac{4}{}$	pital) atteno Februa	ded the deceased fro	om_2 ^L id that	death occurred at1	66 1:06	to 4 Fel	orua:	r,y19_	66, th	at (M) (v	ve) last
		22a. SIGNATUR		1-	130		11:	2 JAN	1		22b. [ATE SIG	NED	
		22c. PHYSICIA NAME (T)	me)	(lula)	0	M.D	22d. ADDRESS I				4 Fe	, Na	tion	966 a.L
	- 1		Scott				Institute							
	23a	BURIAL, CREM REMOVAL (Soe Burial	ATION, 23b. DATE	1HEREOF			OR CREMATORY	717	nocation (~ ~		ate)
	24.	FUNERAL DIRE	CCTOR	7 00	Beth Is:	Lae.	l Mem. Par		GISTRAR 2	5b. RE	GISTRAR	'S SIGN	ATURE	
	F	. DANZ	WSKY & S	ONS 3	501 14th 9	St.	N. W. TOATED	7 1	966 //	11/10	reles	Jus	ge.	

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02541 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased) yed f institution: Residence before admission) o. COUNTY Montgomery o STATE **b** COUNTY ō b. City OR TOWN (if outside corporate imits, c LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town write RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street oddress) d STREET ADDRESS 10225 Kensington Office along with 4 DATE DECEASED Barbera Burke 7. MARRIED 8 DATE OF BIRTH IF UNDER 24 HRS AGE (In years IF UNDER 1 YEAR last birthdoy) DIVORCED 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 10b K ND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired). INDUSTRY COUNTRY? Computer Programmer Research Neb

14 MOTHER'S MAIDEN NAME U.S.A. 13. FATHER'S NAME Edward Raymond Burke Nettie Flinn 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 7523 Spring Lake Dr. (Yes, no or unknown) (If yes give wor or dates of service Lewis Merkt Lind Bethesda, Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) NTERVAL BETWEEN DEATH WAS CAUSED BY Carbon Monoxide Inholation. ONSET AND DEATH IMMEDIATE CAUSE (o) buriol, cremation, DUE TO Apportment Fire Conditions, if any which gave rise to immediate couse (o), DUE TO stoting the underlying couse PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERM WALDISEASE CONDITION GIVEN IN PART (6). THE TERM WALDISEASE CONDITION OF THE TERM WALDISEASE CONDITION OF THE TERM WALDISEASE CONDITIONS CONTRIBUTED TO THE TERM WALDISEASE CONTRIBUTED TO THE TERM WALDISE. 19 WAS AUTOPSY PERFORMED? YES SC NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW MULRY OCCURRED (Enter nature of injury in Part I or Part II of tem 1B) PRIMARY'S OF CONTRIBUTING CAUSE OF DEATH 4 should Fell aslee Pinchair Smiking-Chair + Rug caught fire 20c TIME OF INJURY Month Doy, Year 20e PLACE OF INJURY (Home form, (City or fown) of work of work foctory, street, office bldg , etc.) Kending ton. Mont. appartment the funeral director. Page 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection 🗖, and in my apinian death resulted fram: Natural causes . Accident . Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MED CAL EXAM NER 22. DATE SIGNED SIGNATURE 5 m. TO FUNEN. Health or if DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY BUR AL, CREMATION, 23d LOCATION (City or Town) Cremation Prince George Md REG STRAR 256 REGISTRAR'S SIGNATURE 17 1000 Confer Sugar Cedar Hill 24 FUNERAL DIRECTOR 2So REC'D BY REG STRAR VR A15ME (5) Joseph Gawler's Sons, Washington, D.C. DAFEB 6M 1/66



TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death. Page 4 that be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely wiled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. hin 24 hours after

	02542 CERTIFICA	TE OF DEATH
	I. PLACE OF DEATH O. COUNTY MONTAGOMETY MARYLAND	a. STATE Maryland D. COUNTY Montgomery
	b. CITY OR TOWN (if outs de corporete limits, c LENGTH OF STAY IN II write RURAL and give nearest town)	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS ON A FARM?
	3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8317 Draper Lane YES NO No No No No No No No
201	Male White WIDOWED DIVORCED DI	
	Consulting Archetect Self employed_	Kalamozoo Mich. U.S.A.
	(Yes, no, or unknown) (Hyesa veweror detes of service) Ves 1111 18. CAUSE OF DEATH [Enter only one couse per line for (m) (b), end (c). PART I DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e)	Saleta K. Longley Silver Spring, Md. INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH OF THE LATER OF THE STREET OF THE PART ILES 19. WAS AUTOPSY THE THE PART ILES 19. WAS AUTOPSY
	OR CONTRIBUTING CAUSE OF DEATH I I I I I I I I I I I I I I I I I I I	PERFORMED? YES NO PERFORMED? YES NO PERFORMED? PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	20c. TIME OF IN. URY Month, Dey Yeer 20d NJURY OCCURRED 20e In Hour a.m. p.m. 19 et work 21. I cartify that (I) (this hospital) attended the deceased from	fectory, street, office bidg., etc.) om. Jan. 2, 1955 to Feb. 2
· į	220. S GNATURE John E. Enerett	hat death occured at 21M, from the causes and on the date stated above ATTENDING MED. PHYS DRECTOR PHYS. 2/23/66
	NAME (Type) JOHN E, EVERET 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Soperity) Geb 25, 1966 Arlington No.	
,	Warner E. Pumphrey, Inc. Silver Spring.	Avenue 250 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please Terrove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and incomply event, within 72 hours after defition.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02543 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	a STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b	C. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town)
write RURAL and give nearest town)	
BETHESOA	CAITHERSIBURG ! . !
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
SUBURBAN	324 E. DRAMOND HUE YES NOW
3. NAME OF First Middle	Last 4. DATE Month Day Year
OECEASED (Type or print) F. ELIZABETH	OF
	B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.
	last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	1 11, BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT
during most of working life, even if retired) [NDUSTRY]	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Sec Muceys N.V	New YORK USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William K. Loomis	FRANCES WILLIAM
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	Level - Site
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	41741RINE CORITS - VISIER
DART I DEATH WAS CAUSED BY	INTERVAL BETWEEN ONSET AND DEATH
(MMEDIATE CAUSE (a)	Replier of develop uld 4-8 to
DUE TO (3 7 1	
Conditions, if any, which) (b) //Critterial	2 larc
gave rise to immediate cause (a), stating the DUE TO	las Para Para
underlying cause last. (c) AL FETTHE (al cer, comoac lung
	TED JO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	YES NO
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAN factor 20m. 20m.	J, attest, ottos Biographics.
	2-19- 1966, to 2-2/ 1966 that (1) (we) last
	death occurred at 2 2M, from the causes and on the date stated above.
22a. SIGNATURE	1 22b. DATE SIGNED
1 1 Lotte	ATTENDING - MED STAFF - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
22c. PHYSICIAN'S M.D	PHYS. DIRECTOR PHYS. 1
MAME Typer () KABBEAT MCD	Spot Enchine SILVED APING NA
THE CHANGE OF THE PARTY OF THE	Deel CKSHIN CLOSEN CK Shring 14d
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	(0.0)
Cremation 2-22-55 Lee's Crema	tory Washington, D.C.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Lee Funeral Rome Washington,	D.C. REEB 21 1000 Minuser July
	I DHIE - M - L - M - M - M - M - M - M - M - M

VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02544

Filst Filst

mpletely filled in by the funeral e carban papers. Pages 1 and 2.

e carbán papers. Pages I event, within 72 haurs after

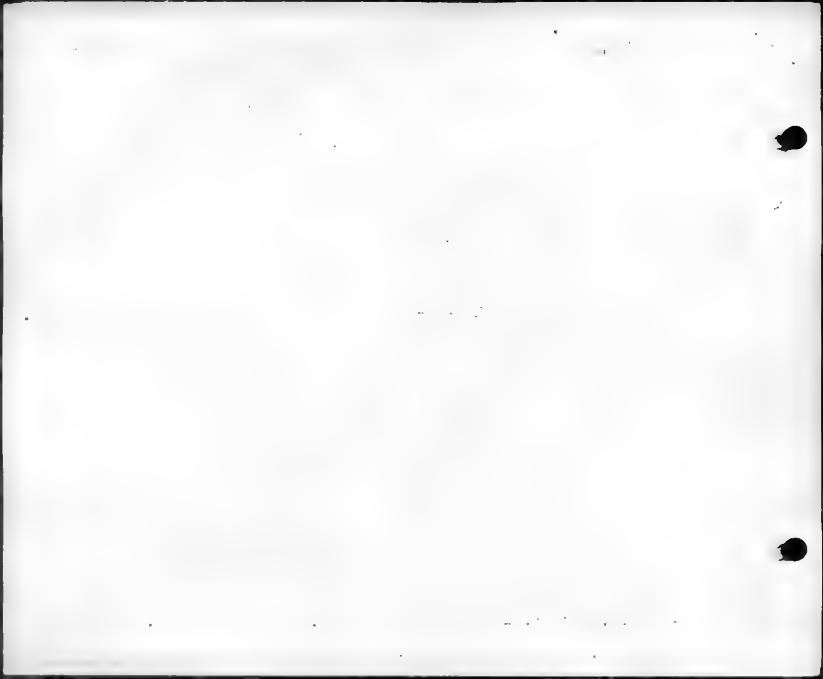
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 naurs after death.

CERTIFICATE OF DEATH

02508

H	L.,	0.00 4 %	III CATE			1 10	Uth
		PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived, if institut b COU		before admission)
		CITY OR JOWN (Control of Comparate limits, C LENGTH OF ST)	ARYLAND	1 FIRS UB TOWN (If or	itside carparate lim ts, write RU	PAL and awa	hagrast town)
	Ì	water RORAL and give nearest touth	51 as 10	1970	hesda.	KML GIO GIVE	/
		NAME OF HOSPITAL OR INSTITUTION/(If not in hospital, give street address)		d. STREET ADDRESS	7/-	74	e IS RESIDENCE ON A FARM?
		Suburbani		1050170	1) chtrose	HUE.	YES NO
		NAME OF DECEASED (Type or print) (QYMOND X.	XZ	(C/Q)	OF DEATH	~ 4	Day Year 1966
	50	6 COLOR OR PACE 7. MARRIED NEVER MAR WIDOWED DIVOR		L-16-06	9. AGE (In years lost birthday)		YEAR IF UNDER 24 HRS Days Hours Min.
	10a dCr	USUAL OCCUPATION (Give kind of work done no industry) ng most of work ng vis even frevield) Of the province	8	11 BURTHPLACE (County	& State, or foreign country)	12 (11)	ZEN OF WHAT
	13.	FATHERS MANYE SEPTEMBER STATE OF COLORISM		14 MOTHER S MAIDEN	MAME SUIFT	-	
	1S (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Social Security No. 104-09-41	1	LEADOE -	EVIXE - S	Sar) Sas Item
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Adeno-ca	veino	ma Reci	to signaid		INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gave) (b) Colors	with	metost	nses		ZYRS
		rise to immediate couse (a), stating the underlying couse last (c)					
- 3	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO	THE TERMINAL DISEASE CO	NOTION GIVEN IN PART I(a)		19 WAS AUTOPSY PERFORMED? YES NO 🔀
	CERTIF. CATION	20d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Y OCCURRED.	(Enter nature of injury in	Port 1 or Port II of item 18.)		
	MEDICAL	20c TIME OF INJURY Month, Day, Yeor Hour a.m. 19 While at work at work		CE OF INJURY (Home, farn tory, street, affice bldg., etc.		(Cour	nty) (Stote)
		21. I certify that (I) (this hospital) attended the deceas		t death accurred at	19 110 to 206 4 1 2. M, fram causes		€, that (I) (we) las e date stated above
,		220. SIGNATURE LE Le faiter	M.		MED. STAFF DIRECTOR PHYS.		TE SIGNED 6 4 1960
		22c. PHYSICIAN'S NAME (Type) DeWitt E. DeLAWKA	c M	22d. ADDRESS 0, 3848 f.	orter st NW.	WA	Sh.DC.
	230 Bu	BURIAL (REMATION, 23b DATE THEREOF 23c NAME OF C			23d LOCATION (City or To		County) (State) W York
		OBERT A. PUMPHREY Bethesda	Mar		B 1 4 1953	GISTRAR'S SIL	
				NAME OF THE PARTY			11 (/

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached far use as the burial-transit permit. Then pleas shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66



death ō hospital retained

and 2 death. ges within letely carbon event, compl in any signed burial. burial been r the as the has for use Health certificate o. this cert detached be de State

filled in by papers. Page 72 hours? remove attending physician a ermit. Then please re on, or removal, and in ned by the attend il-transit permit. DIRECTOR: After tage 3 should be defilled with the State page тау O HOSPITAL O FUNERAL director, p

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 8. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) MARYLAND C. LENGTH OF STAY IN 1b d. STREET ADDRESS YES First Middle WATE Last, 4. Month Year 0F 2 5 CEATH 6. COLOR OR RACE DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED Oays Months Hours WIDOWEO DIVORCEO [YES. 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY?

Montgomery b. CITY OR TOWN (if outside corporate limits, write RURAL and give neareshfown) c. City OR TOWN of outside corporate limits, write RURAL and give nearest lown) a Korna-Parke LOA

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) O. IS RESIDENCE ON A FARM? NO X NAME OF DECEASEO (Type or print) 1966 5. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min 10a. USUAL OCCUPATION (Give kind of work done | during most of working life, even if retired) 13. FATHER'S-NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. INFORMAN Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 30 min IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEQ? YES T NO X 20a. ACCIDENT WAS UNDERLYING OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Rome, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from 19.5 saw the deceased alive on

and that death occurred at 135.M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNEO ATTENDING PHYS. STAFF DIRECTOR

PHYSICIAN'S 22d. ADDRESS NAME (Type)

BURIAL, CREMATION, 23b. OATE THEREOF REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY <u>Loudon Park Cemetery</u>

23d. LOCATION (City, town or county)

Baltimore Md

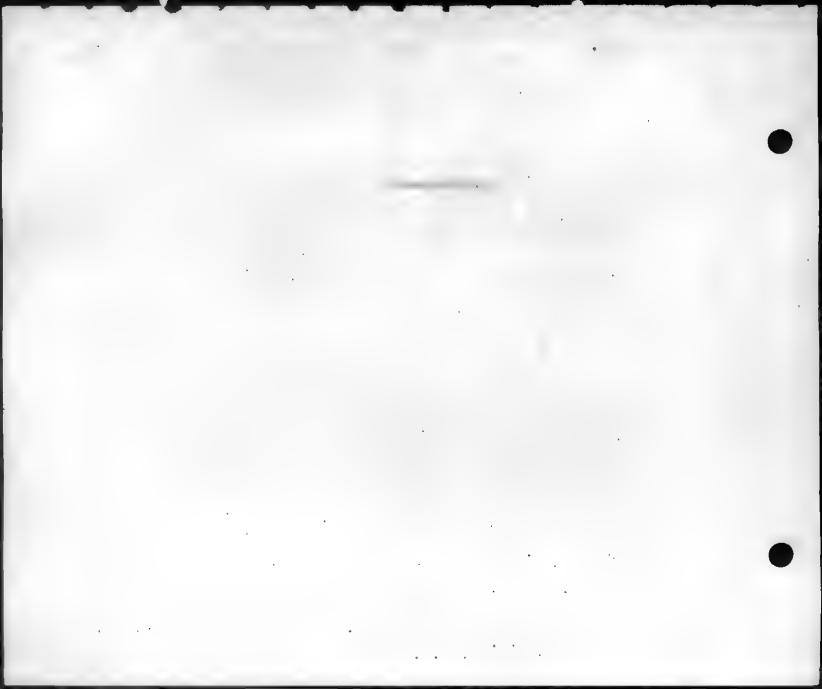
(State)

24. FUNERAL DIRECTOR Hines Company The S .H. Washington. D.C.

REC'D BY REGISTRAR 25a. DATE-

VR A15 (4) 20M 1/65

burial



# BOVEN	0	DIVISION OF STATISTICAL	MARYLAND STATE D RESEARCH AND RECOR CERTIFICA	EPARTMENT OF DS, 301 W. PRESTOR	N STREET, BALTIMOR	e 1, Maryland ()2511
funeral and 2 death.	1. PLAC	DE OF DEATH		2. USUAL RESIDENC	E (Where deceased lived, If Instit b, COUNTY	
hours after death i in by the funera s. Pages 1 and hours after death		Montgare	المال MARYLAND	mary	land Me	onTgomera
s af by t sage rs a	b. C	ITY OR TOWN (If outside corporate in rite RURAL and give nearest town)	mits, c. LENGTH OF STAY IN 1	b c. CITY OR TOWN (IX	outside corporate limits, write	RURAL and give nearest-town
hour l in s. F	-	AME OF HOSPITAL OR INSTITUTION OF	Anot in boonital also etraat address	s) d. STREET ADDRESS	or Spring	e. IS RESIDENC
within 24 hours after of letely filled in by the further papers. Pages 1.3, within 72 hours after	140	Lich cose Han-	Siot in nospital, give street address	11623	La Bi Too	ON A FARM?
within pletely arbon p it, withi	3. NAM	E OF First	Middle	Last	4. DATE Month	Day Year
	(Typ	EASED e or print) Hatha	n m	araolis.	DEATH Feb	19 1966
0) / 25 0) >	5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HR
any e	10a USU	ALOCCUPATION (Give kind of work done	DIVORCED DIVORCED DIVORCED	11. BIRTHPLACE (Co	7 4 yrs.	12. CITIZEN OF WHAT
be asse	during m	ost of working life, even if retired)	INDUSTRY	10		COUNTRY?
State al, a	13. FAT	CARIER SHAME	GARMENT	14. MOTHER'S MAID		03/1
death certificate be a strending physicial permit. Then please jug, or removal, and in	ME	RDECAL MIA	PR.50115	UNA	KNOWN	
rend it.	15. WAS (Yes, no	DECEASED EVER IN U.S. ARMED FORCE	S? 16. SOCIAL SECURITY NO. 1	7. INFORMANT	Address	-
the atten the permit.	/	VOR	1065-18-1512A	MAROLDH	ELSCHEIN	Stew Os 2018
at the lan. d by the ransit cremati	18.	PART I. DEATH WAS CAUSED BY:	use per the for (a), (b), and (c).]			ONSET AND DEATH
that the ysician. gned by the ial-transit rial, cremat		IMMEDIATE CAUSE (a)_	: owner of	nummer		flacer
law requires that attending physician has been signed the as the burial-tran h prior to burial, cre	Con	ditions, if any, which \	Carcinome	al Blod	lde	Im
ding plans p	gave	rise to immediate (b) se (a), stating the DUE TO				110
tendinas bras bras bras the as the prior	und	erlying cause last. (c)_				
● 「	PAR	TII. OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PA	PERFORMED?
	20a	ACCIDENT WAS UNDERLYING FI	20b. DESCRIBE HOW INJURY OF	CURRED (Enter nature of	Infury In Part I or Part II of	YES NO
the hospital this certific detached for e Dept. of H	1 1	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)				
とまままる ス	WEDICAL 20c	TIME OF INJURY Month, Day, Year Hour a.m.	1 40	PLACE OF INJURY (Home, fa ctory, street, office bidg., e		(County) (State)
After the State of State		p.m. 19	at work at work]	-1/1	11 3/16	20/2 / 11 1 10 100 100 100
L OR ATTENDIS y be retained DIECTOR: As age 3 should Ued with the S		1. I certify that (I) (this hospital	attended the deceased from and t	hat double occurred all	3 44M, from the causes at	, 19 <u>6</u> , that (I) (we) las
AT AT 3 St With With		SIGNATURE	15 ac, and L			22b. DATE SIGNED
	<u> </u>	Joseph t	Slow	A.D. PHYS.	MED. STAFF DIRECTOR PHYS.	01/9/66
	22c.	HAME LIADO TO SE DA	BLOOM	22d. ADDRESS	SPRING STA	CEET SSAGNI
	23a BU	MOVAL (Specify) 23b. CATE THE	EOF 23c. NAME OF CEMET	RY OR CREMATORY	23d. LOCATION (City, tow	n or county) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		KIAL 10/20/1	966 NAT'L.W/	m-talk	179LLS CAR	SECH. VA
VR A15 (4)	24. FU	NERAL DIRECTOR	011. 4217-95	/ . /		ISTRAR'S SIGNATURE
15M 4-64	X/.	seavery Tunera	KHENCE!	SY MU DAME B	4 1 1000	46

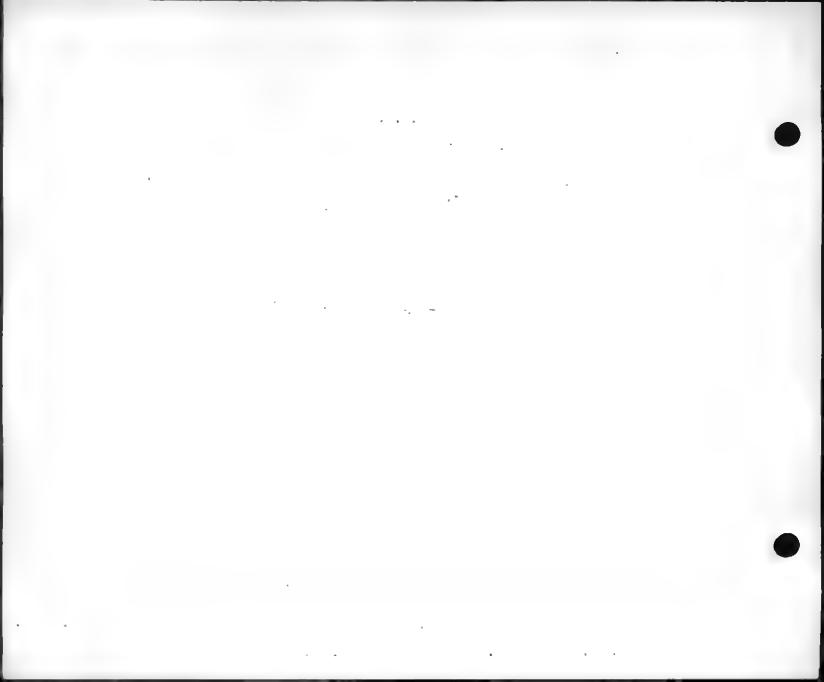


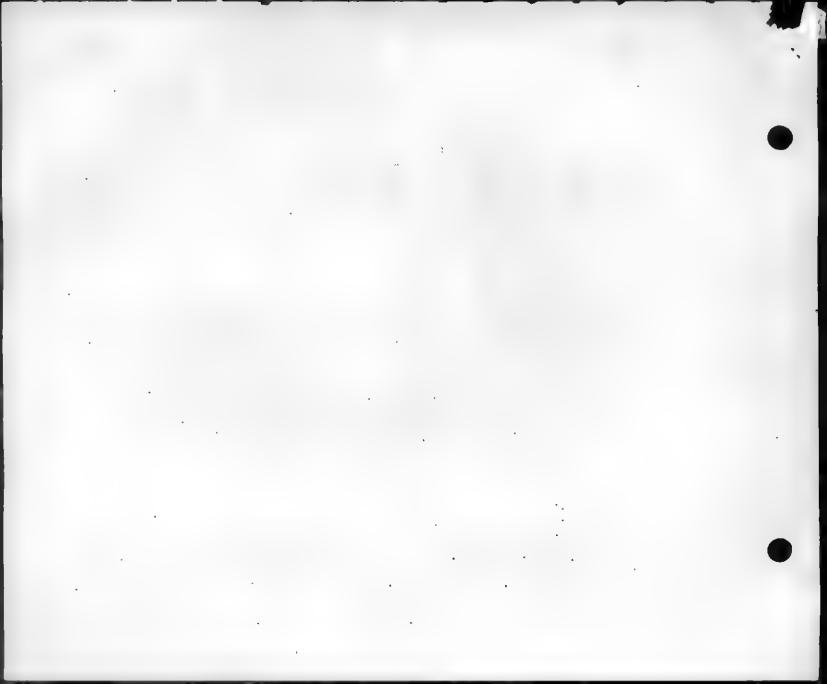
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02547 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DEPT 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) PLACE OF DEATH Montogonery Prince Georges o STATE Page ď death MARYLAND parfment b CITY OR TOWN (I outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outs de corporate limits write RURA, and give nearest town) and P.M.3 write RURAL and give nearest town) affer Chillum Terrace-D. O. A. Hvattsville e IS RESIDENCE ON A FARM? d NAME OF HOSPITA. OR INSTITUTION (finet in hospital, give street oddress)
Washington Sanitarium & Hospital 820 Cox Ave. form State Del 2 haurs YES NO Give Pages This certificate should be executed within 24 haurs after death with 3 NAME OF Middle 4 DATE First Tast Marion Feb. DECEASED Ellen OF. Mary 19 (Type or print) alang within DEATH S SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE Z. MARRIED NEVER MARRIED lost buthdoy) Months MOUTS DIVORCED WIDOWED event 10a USUAL OCCUPAT ON (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT during mast of working life, even if refired) COUNTRY? TAXOPA Italy USA In any sabod 14 MOTHERS MA DEN NAME Josephine Sardellitti please execute the certificate, writing the ward "pending" in pencl i I director Page 4 shauld be farwarded ta the Chief Medical Examiner 13 FATHER'S NAME Louis Pizzuti File and IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOC AL SECURITY NO INFORMANT permit. (Yes pe or unknown) (If yes g ve wor or dotes of service remayal, Mike Marion husband 577-22-6314 same as #2 above 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY Subarachnoid hemorrhage due to ruptured ONSET AND DEATH IMMEDIATE CAUSE 3301 crematian, **DUE TO** aneurysm at circle of willis: Essential Conditions, if any, which gove rise to immediate couse (o), DUE TO stating the underlying couse O hypertension. used as burial, a PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? CERTIFICATION P 20g EXTERNAL CAUSE WAS priar 20b. DESCRIBE HOW MULRY OCCURRED (Enter nature of injury in Port I or Part I of tem 18.) 3 should PRIMARY I or CONTRIBUTING I TAL EXAMINER: CAUSE OF DEATH 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (home, form (City or town) (County) (Stote) factory, street, office bidg , etc.) Hour am Not While may be retained far yaur FUNERAL DIRECTOR: Page Page at work L of work designated 21. I certify that I taok charge of the remains described above, held an Autopsy and in my opinion Natural causes X death resulted from Undetermined manner the funeral director Attident. Suicide Hamicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED SIGNATURE DEPUTY 5 may be TO FUNERAL Health ar i **EXAMINER'S** NAME (Type) BURIAL CREMATION. 23b DATE THEREOF 23d LOCATION (City or Town) REMOVAL (Specify) Ft. Lincoln Cemetery Prince Georges Co. Md. Buria ADDRESS 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR The H. Hines Co. VR ATSME (5) Washington, D. C.

3/ WARYEAND STATE DEPARTMENT OF HEALTH

Items 18&21

Film G374





1.9	_ 1	I	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
A.	년 등2년		02549 CERTIFICATE OF DEATH 02514
12	funeral and 2 meath.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY b. COUNTY b. COUNTY
H	at at at	-	b. CITY DR IDWN of outside corporate limits, c. LENCTH OF STAY IN 1b c. CITY DR TOWN OF outside corporate limits, write RURAD and give nearest town)
3	hours d in by rs. Page Page hours		akoma tack DOA Selver Spring
	filled papers.		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Vashington Sant Hoop, 1929 East West How YES NO NA FARM?
K	witflin pletely 1 arbon p nt, within	3.	NAME DE First Middle Last 14. DATE Month Day Year
20			OECEASED (Type or print) ROBERT WALDEN MARTIN DEATH 2 5 1966
A	executed	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Days Hours Min. WIDOWED DIVORCED 5. DATE OF BIRTH last birthday) Months Days Hours Min.
3		10 du	a. USUAL OCCUPATION (Cive kind of work done 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT COUNTRY 12. CITIZEN DF WHAT COUNTRY 13. COUNTRY 14. COUNTRY 15. COUNTRY
3			Balkelif Clerk Rokery Farmington W. Va USA
3	- M	13	Graher's NAME 14. MOTHER'S MAIDEN NAME Frances Smith
3	ath mert	1	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
A	ires t∎at IIe ∎eath I physician. I signed by the atter burial-transit permit. burial, cremation, or	(1	es, né/or unkowh) ((fyes gire war or dates of service) 236-26-9252 Dorothus Carol Martin 5/1929 (ast "est Hir hway
1	Ine De 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		13. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
3	at III. iian. od by transi		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART facture 2-3 hours
D	res tat I physician signed b burial-tran		Conditions, If any, which DUE TO Primary Myotardeal disease 3 years
1	requires iding phy peen significant the puriport to buri		gave rise to immediate
6	law requiattending has beer eas the hprior to	_	underlying cause last. (c)
P	le law r atten te has Ise as Ith pri	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED.
R	to The la tal or att fricate h for use Health I	FIC	YES NO A 2DB, ACCIDENT WAS UNDERLYING 12 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
3	E 5 1 7 5		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
Š		MEDICAL	2Dc. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) 4 Hour a.m. While Not While at work At wo
3	ming ned by F. After uld be the State	-	21. I certify that (I) (this hospital) attended the deceased from 6/14, 1965, to 2/5, 1966, that (I) (mol. last
\mathbb{Q}_{-}	ETTERNI retained CTOR: A S should with the 8		saw the deceased alive on 2/5, and that death occurred at 7/4. M, from the causes and on the date stated above.
lə 🜑	OR Por Poly Poly Poly Poly Poly Poly Poly Poly		May There M.D. ATTENDING MED. STAFF D 2/5/66
3	Page 4 may be retained To Funeral Interpretation of To Funeral Director, page 3 should be should be filed with the S		1 22c. PHYSICIAN'S MAX G. SHERER MD 500 PERSHUNG DY. Silver Juny Mg
3	Page O FUN direct should	23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)
9	j= j=	ž	4. FUNERAL DIRECTOR & Yllen Carter 8434 ADDRESS 1250. REC'D'BY REGISTRAR'S SICNATURE
2	VR A15 (4)	11	Jarner E. Pumphrey Inc. Silver Spring. No. DATE 2 3 1833 Frankley Judge
	20M 1/65	V.	Colombia col



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

119818

No.		AVOUA		EKIIFICA	IE OF DEATH		ð 36	079
)		PLACE OF DEATH	gonery_	MARYLAND	2 USUAL RESIDENCE (Whe	b. COUNTY		admission)
	1	ETTOR TOWN (If outside co		2 YVS	CONTOR TOWN (If ou	itside carparate limits, write RU	IRAL and give neares	1 lown
~		d NAME OF HOSPITAL (IF not in OR INSTITUTION	hospital give street address)		d STREET ADDRESS	dsvenon Pl	_	S RESIDENCE ON A FARM? 'ES NO
		NAME OF DECEASED (Type or print)	esa Moo	Middle M	AURER	4. DATE OF DEATH Feb	28	Year 1966
	5. 5	Jenole Car	OR RACE 7 MARRIED NE	DIVORCED .	July 8, 11	1-92 9. AGE (n yeors lest birth day)		lours Min
		US.IA: OCCUPATION (Give kir durin) most of working life, eye	of of work done 10b, KIND OF on if retired)	BUSINESS OR INDUS	WASI	4. D.C,	12.CIT ZENOF W	A -
	13.	William	G. moo	RE	14 MOTHER'S MAIDEN NA	HERIME 1	1 cher	- Lang
			ARMED FORCES? 16 SOCIAL SE or or derice of service, 2/6-32	-085 A	MAURER	Ridgway Addr	"95/40°	est to
		PART I. DEATH WAS CA	only one couse per line for (o), AUSED BY. E CAUSE (o) DUE TO	(b), and (c).]	alidly	foretin	INTERV	AND DEATH
		Conditions, if any, which gave rise to immediate				Y		
	7	couse (o), stoting the under- lying couse lost.	(c)					
Λ	CATION	PART (I OTHER SIGNIFI	ICANT CONDITIONS <u>CONTRIBUT</u>	ING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVE	F	PERFORMED?
	L CERTIFI	20g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E	ING CONTROL 206. DESCRIBE HOW AMINER)	W INJURY OCCURRED). (Enter nature of injury in Pa	ort I or Part II of item 1B)		
	MEDICA	20c TIME OF INJURY Month, Hour o. m. P m.	,,	while foc	CE OF INJURY (Home, form, tory, street, office bldg., etc.)		(County)	(State
		21 I certify that (I) (this saw the deceased alive	on 2/28 19/	1 .	inste	M, fram the causes and	that	
		22 SIGNATURE	Cinglan	^	ATTENDING MEI		2/28/66	226 DATE SIGNED
	_	22 PHYSICIAN S		4	22d. ADDRESS / COM	1 10 10 10		1 11.

the ottending physician and Then please remove carbon and in any event, within 724 may be retaine (TA) the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 shauld be detached for use as the burial-transit permit. Then please remove carline State Board of Health prior to burial, cremation, or remaval, and in any event, within

ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has

pletely filled in by the funeral director,

after death

TO HOSPITAL OR VR A1S (4) 1SM 9/5II

24 FUNERAL DIRECTOR'S SIGNATURE

DATE THEREOF

Jos. Gawler's Sons. Washington, D.C.

3/66

230 BURIAL, CREMATION, Burial (Specify)

ADDRESS

23c NAME OF CEMETERY OR CREMATORY

St. John's Cemetery

250 REC'O BY REGISTRAR DATE

25b REGISTRAR'S SIGNATURE

Forest Glen, Maryland

23d. LOCATION (City, lown or county)



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then reason remove carbon papers. Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, manifolds event, within 72 hours after path. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
0255\$

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Montgomore	a. STATE New Mexico b. COUNTY
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and giye nearest town)	100
Silver Spring	Albuquerque
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Anaton Nurs 985 Afresla Ave.	3006 9th Street
3. NAME DF First Middle	11 - 123 100
DECEASED	Last 4. DATE Month Day Year
(Type or print) LeRov	Ac Dowell DEATH 2 11, 19 66
5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
male white widowed K DIVORCED	2/2/93 last birthday) Months Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or Toreign country) 12. CITIZEN DF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
Retired manager Columbia Wholesale	ers Washington, D.C. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James H. McDowell	Louanna Pusey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	
(Yes, no. or unknown) ((If we nive war or dates of service))	Relisting con . Ma
	Mae McD. Hummer4611 Saul Rd.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	aluna clure Siena
Conditions, If any, which \ Conditions) 10 ac
gave rise to immediate (b)	- Juctures
cause (a), stating the DUE TD	V
underlying cause last, (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAI	YES NO T
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	offices (missis a) with the contract of the co
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 2Bd. INJURY OCCURRED 20e. PL fact p.m. 19 at work at work	any part was artist and the form
	aut 10 1964 to Hat 14, 1966, that (1) (we) last
21. 1 certify that (I) (this hospital) attended the deceased from	it death occurred at 10 M, from the causes and on the date stated above.
saw the deceased alive Dn 7 1964 and the	it death occurred at AD my, from the causes and on the date stated above.
22a, SIGNATURE	ATTENDING MED. STAFF
William Varange	D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type) 1/M R PAIN A	22d. ADDRESS
NINININ	GIVI ambar ove aprilot Age &
23a. BURIAL, CREMATION, 23b. DATE THEREOF , 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
burial 2/16/66 Cedar Hill	V
24. FUNERAL DIRECTOR The S. H. Hines ADDESSaphy	1 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE
The will have obtained	555
washington, D.C.	DATE B 16 1956 Micarley Judge

VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02552 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. COUNTY o. STATE Page d. death. Montgomery MARYLAND Prince George delay Department b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Bethesda Upper Marlboro d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE form haurs ON A FARM? n Item 18. Give Pages State Suburban Lot #3- Melwood 24 hamrs after death 3 NAME OF First Middle Last DATE DECEASED OF DEATH the within (Type or print) with S SEX 6. COLOR OR RACE B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED (vobitriid teo Months Doys WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Then that The pages in an word "pending" in penal r the Chief Medical Examiner 13 FATHER'S NAM III executed within 14 MOTHER'S MATDEN NAME E e and Par WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service remayal, 18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c)) burial-transit PART I DEATH WAS CAUSED BY Subarachnoid hemorrhage with brainsten Б IMMEDIATE CAUSE (o) This certificate shauld writing the word compression cremation, DUE TO Conditions, if ony, which gove due to automobile accident (b) rise to immediate couse (o), farwarded ta DUE TO stating the underlying couse В 20 Bast burial, nseq PART II OTHER SIGNIFICANT COMDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(a) 19 WAS AUTOPSY PERFORMED? CERTIFICATION YES X NO pe p should be 20o. EXTERNAL CAUSE WAS priar 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.) 3 should PRIMARY DO OF CONTRIBUTING CAUSE OF DEATH **IXAMINER:** Passinger + its designated agent, 20e, PLACE OF INJURY (Home, form 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (State) foctory, street, office bldg , etc.) Not While FUNERAL DIRECTOR: Page Bathesda 1966 Moszt High Way 495-Page please execute of work of work 21. I certify that I took charge of the remains described above, held an Autapsy 🔀 Inspection 📈 and in my opinion the funeral director. death resulted fram: Accident X Natural causes Suicide 🗔 Hamicide Undetermined manner may be retained CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED SIGNATURE Health ar **EXAMINER'S**

Address (Street, city, town, or county)

25g REC'D BY REGISTRAR

_LOCATION

(County)

2Sb REGISTRAR'S SIGNATURE

(Stote)

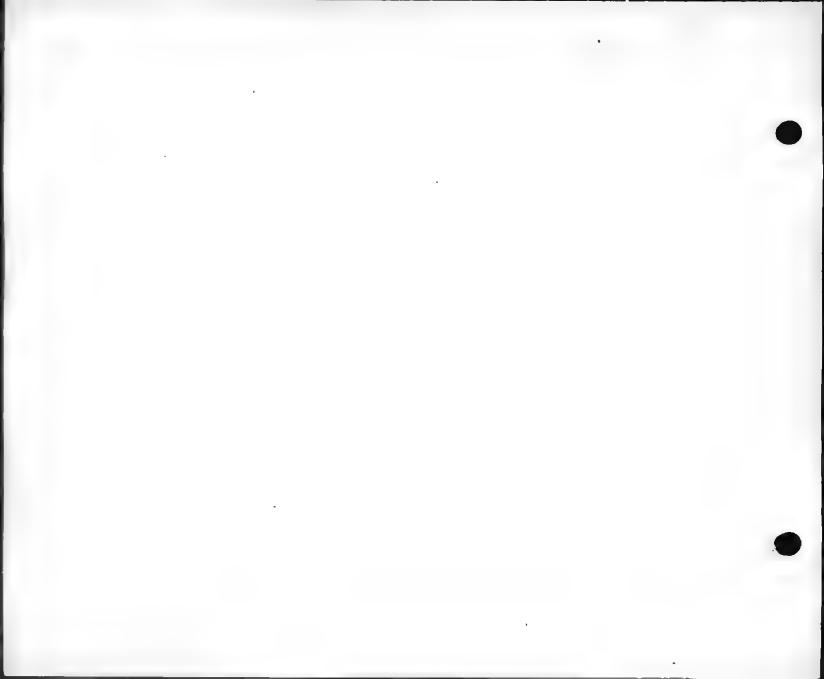
VR AISME (5) 6M 1/66

2

NAME (Type)

23o. BURIAL CREMATION

23b. DATE THEREOF



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please setting carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dealth certifients be executed within 24 flours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12518

1.	PLACE OF DEATH					11 -		CE (Where de	eceased lived, If In		sidence before	admission)
Montgomery MARYLAND							Maryland b. COUNTY Montgomery					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)									rporate ilmits, w			
	Bethesd	and give nearest tow	π)	10 1	Days	X	(SESTROCK)	(Desc	Damascus	3	4	1
		PITAL OR INSTITUTIO	N (if not			d. STR	EJ ADDRESS					ESIDENCE
The Clinical Center, Bethesda 14, Md.						×3	6007 V	Voodfi	eld Rd.	ĸ	YES [FARM?
*****	NAME OF		rst		Aiddle		ast	4. DATE			Day Y	ear
	(Type or print)	Michae		Bryan		McSwee	eney	OF DEAT	H Februa	ry]	19	66
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER	MARRIEO X	8. DATE	OF BIRTH	9	. AGE (In years last birthday)	IF UNDER 1	YEAR IF UND	
	Male	White	WIDOW		DIVORCED	15 Ja	nuary	1959	7 yrs.			
108	USUAL OCCUPAT	ION (Give kind of working life, even if retire	done 10	b. KIND OF BUS	SINESS OR				e, or foreign countr		TIZEN OF WH UNTRY?	AT
uul	Stude		",	HOUSINT			Washi	ngton,	D.C.		USA	
13.	FATHER'S NAM					14. M	THER'S MAI	DEN NAME				
		Bernard	F	McSween	ΔV		F	rances	M. Cole	hank		
15	. WAS DECEASED	VER IN U.S. ARMED FO	RCES?	16. SOCIAL SEC		7. INFORMA			l Record			
(18	NO.	for her fire war on grees o	i service)	None	1	The Cli			. Bethes		Maryl	and
7		DEATH [Enter only on	e cause r			ALC OLI		Walter Winds	, DOULES	144	INTERVAL E	ETWEEN
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	o Ta	ft. heert	failm	e with	cardi	ac arr	est.		7 day	
				ro near	o rarru.	O WIDE	<u> </u>	ac all	050		I gay	_
	Cenditions, If	DUE any, which \		nstrict	ion of	egrand	ling en	rte			since	birth
	gave rise to	Immediate (LIBUL LUU.	LOII OI (COCCIL	TALLE GU	1 UC.			washy y_	A 4 4 4 1 1
	cause (a), si underlying caus	Tating file (
NO	·	IGNIFICANT CONDITE	(C) DNS CONTI	RIBUTING TO DE	ATH BUT NOT R	ELATED TO TA	IE TERMINAL	DISEASECO	NOITION GIVEN IN	PART 1(a)]19. WAS	
ATI											YES X	RMED?
TFIC	208. ACCIDENT	lla syndron	1 204	D. DESCRIBE	IOW IN HIRY O	CCURREO. /F	nter nature o	if Injury in F	Part I or Part II	of Item 18.1	1 444	,,,,
CERTIFICATION	OR CONTRIBUTI	NG CAUSE OF OEA	TH NER)	- PEGGINIOL I				,		V Ade/		
		INJURY Month, Cay,		d. INJURY OCC			IURY (Home, f		(City or town)	(Cour	nty)	(State)
MEDICAL	Hour a.m	-		hile Not W	ппе 🖳	ctory, street	office bldg.,	etc.)				
2	P.F	y that () (this hosp				ehmer	v 7 1	1066 +-	February	17 1066	25 tedt (C	teel four
	can the do	eased alive on el	ווומון צונו מופונים	v 17 10	Peazed House	hat doath	ocurred at	7:59, "	rom the causes	and on th	a data state	ad ahove
	22a. SIGNATU	E A	F-10304	13		HOL UCALII L	CONTER AL		IVIII THE COUSES		TE SIGNEO	70 000101
	1	Towns	1/2	2		M.D. PHYS	FOING	MEO. OIRECTOR	STAFF PHYS.	17 Fe	bruary	1966
	22c. PHYSICIA	N'S	3						nical Ce			
	NAME (f)	Scott St	cewar	t, M.D.					ealth, B			
23a	BURIAL, CREM	ATION J 23b. OATE	=		ME OF CEMET				OCATION (City, t			State)
	Burial	Feb. 2	1. 1	966	St. Mi	chael'	8	P	oplar Sp	rings	. Md.	
24	. FUNERAL DIRE	CTOR		AOI	DRESS		25a. RE	C'O BY REG	ISTRAR 25b. F	EGISTRAR'S	SIGNATURE	
	011	n L. Moles	wort	h, Dame	iscus,	Md.	FEB	21 19	366 Jec	ionles	Judge	
	I DATE NO CONTINUE OF THE PROPERTY OF THE PROP											

VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02554 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY ontgomery MONT b. CITY OR TOWN (if outside corporate limits, MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Silver S d. STREET ADDRESS ON A FARM? NO X NAME OF DATE Month Year Day DECEASED DF DEATH 2 (Type or print) 19 6 AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 8. -DATE OF BIRTH MARRIED NEVER MARRIED 9. 5 m WIDOWED DIVORCED VIS. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? 5 MOTHER'S MAIDEN NAME manur .a 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. INFORMANT 1 (If yes give war or dates of service) ey Road CAUSE OF DEATH (Enter only one cause per line for (a), INTERVAL BETWEEN (b) and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICAT NO X YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from 6 and that death occurred at 5.25 PM, from the causes and on the date stated above. 6 saw the deceased-alive on 22a. SIGNATURE DATE SIGNED 22b. M.D. PHYS. DIRECTOR PHYSICIAN'S 22¢. 22d. **ADDRESS** NAME (Type) Michael 23a. BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) nuitland FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

VR A15 (4) 20M 1/65

2

after death.

24 hours

executed

pe

certificate

death

PHYSICIAN: The law requires that the

ATTENDING

HOSPITAL FUNERAL

þe

4

Page

attending physiclan. signed l

2

Ξ filled

completely carbon

bve

attending phermit. Then removal

the

á

peen

certificate

burial-transit permit. burial, cremation, or

r to

as th

detachelle e Dept. o this

showld ith the S

page file

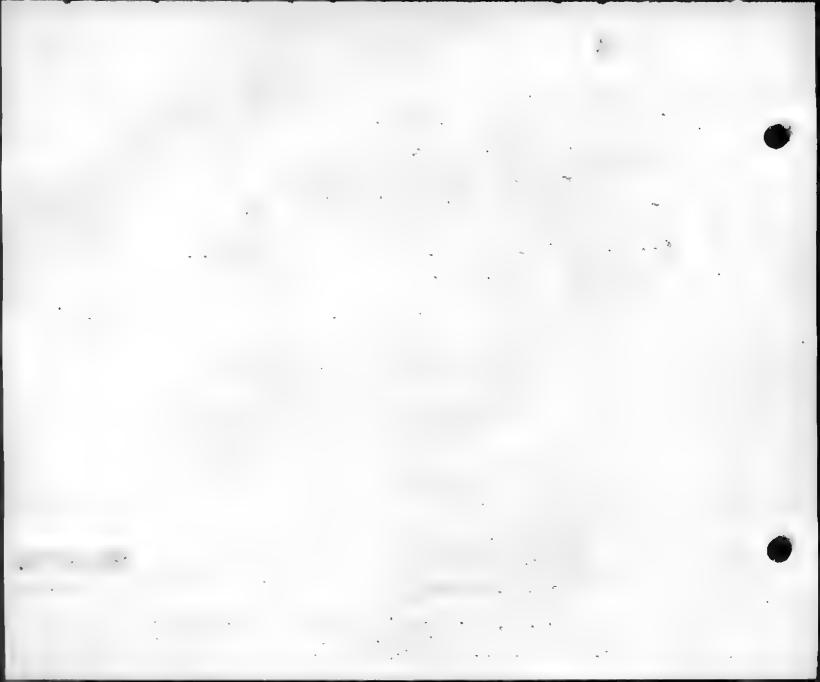
dire⊑tor, p

After ti d le de State l

DIRECTOR: age 3 showld led with the

Se for Ise Health

on papers. Pag within 72 hours



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		DOFFF		CERTIFICATE	OF DEATH		00 M 120					
Ш		<u> </u>		CERTIFICATE			02520					
		PLACE OF DEATH			2 USUAŁ RESIDENCE (N	Where deceased lived, if institution b. COUN						
	,		ner4	MARYLAND	maryla	and m						
	I	CITY OR TOWN (If au	iside carparate limits,	c LENGTH OF STAY IN 1b	c CITY OR TOWN (If ou	tside corporate limits, write RUR	AL one give neorest tewn)					
		write RURAL and give		4 days	Kensing	700	, , ,					
	(R INSTITUTION (If not in has		d STREET ADDRESS							
			-ban.		9611 10.	Bexhill D	YES NO X					
1		NAME OF	First	Middle	lost	4 DATE Month	Doy Year					
		DECEASED (Type or print)	0	Woune	Mead	DEATH FEE	19 1966					
-	5. 5	SEX 6.	COLOR OR RACE 7, MAR		B. DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR 1F UNDER 24 HRS					
		nak w	Este WIDO	OWED DIVORCED	5/10/07	last birthday)	Manths Days Hours Min					
	10o	USUAL OCCUPATION (G v		OB KIND OF BUSINESS OR		& State, or fareign country)	12. C TIZEN OF WHAT					
\	dyri	ing most of warking life, i	yer/if retired)	INDJSTRY 1	7/12.5	11 1 1 3	COUNTRY?					
	13.	FATHER'S NAME	1 1	(1 K), (C)	14 MOTHER'S MAIDEN	NAME .	64					
		(Ohor)	25 The	act 1	7,516	£ 1300-11						
	15	WAS DECEASED EVER IN	IS ADMED ENDIESS	16 SOCIAL SECURITY NO. 17. 1	NFORMANT	Addre	**					
			es give war or dates of service		4 / /	11						
		`		The second secon	1-1-18 1-11	Cyllic SE	T INTERVAL PERVEN					
		PART I. DEATH W	(Enter only one cause per li AS CAUSED BY: IMMEDIATE CAUSE (a)	legation fello	u	V	ONSET AND DEATH					
		10 DUE TO C . III - N .										
		Conditions, if ony, which gave) (b) Curbby (c)										
		rise to immediate ca stating the underlying	use (a), (DUE TO	1	V 1 .	1 .						
		kast	(c)	Massey H	efde 93	myh varre	49					
		PART II OTHER SIGNIF	CANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE COL	NDITION GIVEN IN PART 1(o)	19 WAS AUTOPSY					
	MEDICAL CERTIFICATION						PERFORMED?					
	질	20a ACCIDENT WAS UNI	DERLYING \(\begin{array}{c} 2 \\ 2 \\ \end{array}	Ob. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Part Lac Part II of item 183						
	ERT	OR CONTRIBUTING 🗆 C	AUSE OF DEATH	ob. DESCRIBE HOW MORE OCCUMEN	terror realists or referry an	1011 1 07 1011 10 01 1011 12 7						
	5	(IF EITHER, NOTIFY MEDI 20c. TIME OF INJURY		20d INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm	n. 20f (City or town)	(County) (State)					
		Hour a.m.	10	While Not While fact	ory, street, office bidg., etc.		(5,010)					
		p.m.		at wark LJ at wark LJ	761 10	10 /00 1 7/10 1	0 10 /// 41 1 // 1 1 1					
			and the same of	ottended the deceased from	death occurred at	19 Cell to Tul	and an the date stated obove.					
		saw the deced	ised office on	19 19 dila mu	r dealli occurred ur	Tion cooses	22b. DATE SIGNED					
		220. SIGNATURE	$V \subset \mathcal{A}$	- Lucuan M.	ATTENDING TO	MED. STAFF	Feb 19 1066					
1		22c. PHYSICIAN'S	1.0	The state of the s	22d, ADDRESS	DIRECTOR LJ PHYS. L	17,1700					
		NAME (Type)	1. C. dE	GUEMAN		UNDERTICES A	VEINIW, WASH. DC					
	230	BURIAL, CREMATION,	236 DATE THEREOF	23c. NAME OF CEMETERY OR								
(remateron	2/21/66	Cedar Hil	Cremator	Suitland	, Maryland (State)					
0	_	FUNERAL DIRECTOR		ADDRESS		1	GISTRAR'S SIGNATURE					
3	44	Robert	A. Pumphre		d.	W.	harley Judge					
			-	•	DATELL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1					

TO HOPPITAL OR ATTENDING PHYTICIAN: The law requires that the Imath certificate lie executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and shauld be filled with the State Dept. of Health prior to burial, cremation, or removal space in any event, within 72 hours after deat



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 02556 Reg. Dist. No. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) o. COUNTY b. COUNTY Montgomery MARYLAND Marvland Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Silver Silver Sprind Spring d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? Fldrid Eldrid Drive Drive YES NO X 3 NAME OF 4. DATE OF DEATH Middle Manth Day Year (Type or print) Sadi elman 7- MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR IP UNDER 24 HPS lest birthday) Months Female White WIDOWED IXI DIVORCED [Oct. yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Housewife even if retired) USA Austria 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nathan J. Wickner Rosa S. Milrad 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT SOID Md. Address S. Harry Meiselman-211 Eldrid Dr. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: (MMEDIATE CAUSE (o). ONSET AND DEATH DUE TO Conditions, if ony, which ! gave rise to immediate DUE TO cause (a), stating the underfring cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 PERFORMED? YES NO 12 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 8 or Part II of item 18.) 20c. TIME OF INJURY Month, 20d, INJURY OCCURRED Day, Year 20e. PLACE OF INJURY (Home, form, 20f. [City or town) (County) (State) factory, street, office bldg., etc.) Q. fl. While Not while p. m. at work at work 21. I certify that I attended the deceased from 1962 that I last saw the deceased and that death occurred at 12 45 M, from the causes and an the date stated above. DIREG 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City fown, or county) (State) REMOVAL (Specify)

Mem.

Garder

REC'D BY REGISTRAR

Falls Church. Virginia

REGISTRAR'S SIGNATURE

24b

66

Kina

ADDRESS

VS A15 [4 15M 9/55 uria.

23. FUNERAL DIRECTOR'S SIGNATURE



108	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR.	E 1 AS A DVI AND
(M) 3	CERTIFICATE OF DEATH	112529
should 2	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institute of COUNTY)	utioni Residence before edmission)
on the day	Monitgo mery MARYLAND MA	CNTGEMENY
24 ho in by the land or deat	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	(AL end give neerest town)
within filled i	d. NAME OF MOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS	•. IS RESIDENCE
≥ (= v = : //	Congressional Maner Nursing Home 1006 Gilbert Rd.	YES NO A
executed completely on papers. thin 72 ho	NAME OF First Middle Last 4. DATE Month OF	Doy Year
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF U)	NDER I YEAR IF UNDER 24 HRS.
	F White WIDOWED DIVORCED 11-25-02 [ast birthday] Moi	nths Deys Hours Min.
rificet move		12. CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	U.SA
deat dim	Northan a line	
Then ovel, a	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Ifyes give were or deless of service)	HO. CILBERT
출 글로 글 통(人)	18. CRUSE OF DEATH Enter only one couse per line for (a), (b), and (c).	- IPUC-KUILLE, MO.
requires physicial publicial publici	PART 1. DEATH WAS CAUSED BY I IMP FOR A COME TY 1 al Carcinoma	ONSET AND DEATH
	DUE TO	- 1/2/1
The law attending as been simulal-traingless comments of the comments of the law attentions of the law attenti	Conditions, if eny, which (b) geverise to immediate ceuse	
T- F	(e), steting the underlying DUE TO	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART I(+) 19. WAS AUTOPSY PERFORMED?
Mark Strain	O ACCIDENT WAS LINDERIVING TO LOO DESCRIPTION OF THE PROPERTY	YES NO
표를 들어로 기	206 ACCIDENT WAS UNDERLYING 206, DESCRIBE HOW INJURY OCCURRED. (Entar nature of Injury in Part I or Part II of Item 18.) OP CONTRIBUTING CAUSE OF DEATH [If EITHER, NOTIFY MEDICAL EXAMINER]	
DING hed by After the etachem of Heal	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) factory, street, office bldg., etc.)	(County) (State)
S S G S S S S S S S S S S S S S S S S S	p.m. 19 et work et work	
A A E C	21. I certify that (I) (this hospital) attended the deceased from A. A	on the date stated above.
O S S S S S S S S S S S S S S S S S S S	220 SIGNATURE ATTENDING MED. STAFF	22b DATE SIGNED
TAL RAL RAL sege ith th	A.D. PHYS. DIRECTOR PHYS. DIRECTOR PHYS.)
O HOSPITAL death, Page 4 director, page be filed with the	NAME/TYDOOC. MAGANZING) (DW, Edwarf L. G	Churche _
drect direct	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or REMOVAL, (Specify)	county) (State)
i i	BURIAL 2/24/66 BETH ISRAEL CEM. HEW HAVEN	LO MAIL
VR A15 (4)	21 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250, REC'D BY REGISTRAR 256, REGISTRAR 25	eles Judge
20M S-63		

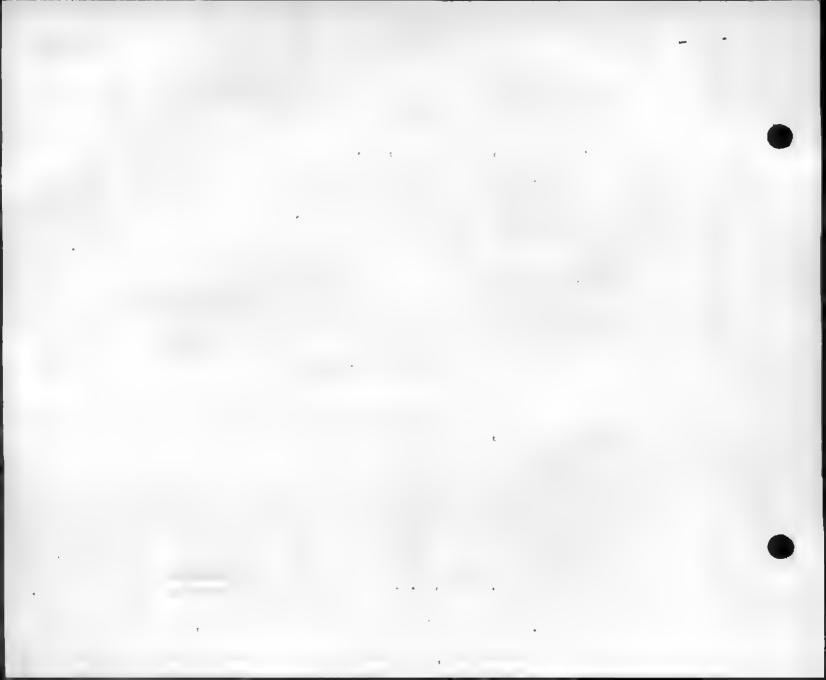


1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, 1f institution: Residence before admission)
	Maryland Montgomery
Montcomery b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	Kensington
Kensington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
	ON A FARM?
4114 Warner Street	4114 Warner Street YES NOT
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) RUDY JOHN MIR	HALLUK DEATH FEDRUARY L 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (in years if UNDER 1 YEAR if UNDER 24 HRS. last birthday) Months Days Hours Min.
	7-7-1898 (ast birthday) Months Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	1 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
	Budanest, Hungary U.S.A.
Bricklayer(Retired) 33. FATHER'S NAME	Budapest, Hungary U.S.A.
Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Unknown INFORMANT Address
(Yes. no. or unknown) I (If yes give war or dates of service)	
No -	erma Mihalick (Wife) See Item #2.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Condiac decomp	
U/12 Y	. Kuaur
Conditions, if any, which I DUE TO Herry Tourne asles	in Part Mont Mercaro
gave rise to Immediate	torrate that buttered
cause (a), stating the DUE TO	Exionlerosis (werown.
underlying cause last.) (c) Telleralized all	
PARTII, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
2 Restet mellitie	YES NO P
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DOTH BUTNOT RELA Dishet mellitus 200. ACCIDENT WAS UNDERLYING (1) OR CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI Hour a.m. While Not While factor p.m. 19 st work at work	ry, street, office bidg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	1-11 , 1964, to Feb / , 1966, that (1) (we) last
saw the deceased alive on Dec 23 1965, and that	death occurred atM, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Clasen H. (raum M.D	ATTENDING MED. STAFF PHYS. D FEB 1 1966
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type)	8237 Seagra Clase - Selver Gyrmo Mary land
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	
Cremation 2-2-1966 Cedar Hill	Crematory Suit Tond Md
Joseph Gawler's Sons, Inc. 3130 Wis	Renave FER 8 tags . March o
- 14 • W • 11 ClO 1	DATE 1300 . STEEL YMELE

VR A15 20M 1/ 15 (4) 1/65

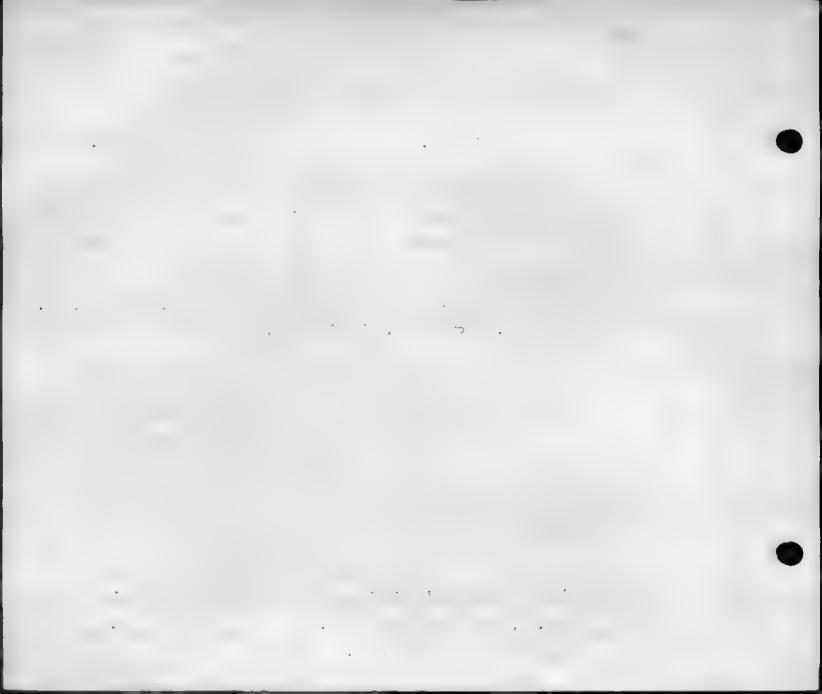


15M 4-64



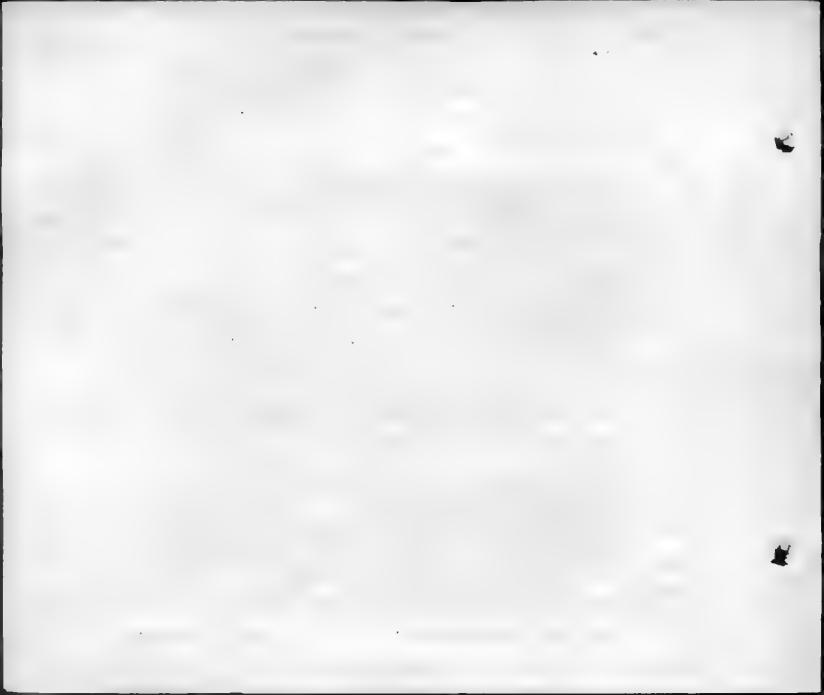
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 02580 CERTIFICATE OF DEATH should 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY by the Montgomery death Montgomery Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Damascus Damascus Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street address) d. STREET ADDRESS IS RESIDENCE rs. Pag hours ON A FARM? 9510 Pleasant Plains Rd. 9510 Pleasant Plains Rd. YES NO IX completely paper 1. NAME OF 4. DATE DECEASED within DEATH (Type or print) Pearl Estelle Moore 1966 and cor 9. AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH fast birthday) Months Dec. 26. certificate White WIDOWED DIVORCED T Female hysician rembve 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRYS done during most of working life, even if retired) Housewife Own home Damascus, Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Then pleas and Levi W. Pearce Marian Jones OVal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT Address (Yes, no. or unkown) | (If yes give wer or dates of service) or attending physician.
I has been signed by the he burial-transit permit. I curial, cremation, or remove Mrs Herman W. Mullinix, Damascus, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] Adenosarcinoma, Signoid Colon. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO 10/20/64 Conditions, if any, which gave rise to immediate cause DUE TO (a), sletting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO E YES -R: After this ce detached for u t. of Health pr 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING IT OF CONTRIBUTING | CAUSE OF DEATH No Injury (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After 3 should be detach to State Dept. of He MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While Hour e.m. at work at work 21. | certify that (I) (this hospital) attended the deceased from October 1964, to February 4, 1966, that (I) (ye) last saw the deceased alive on February 4,19.66, and that death occurred at 1 PM, from the causes and on the date stated above. 22b. DATE ATTENDING 22% SIGNATURE 2/5/66 SIGNED death. Page 4 rector, page HOSPITAL DIRECTOR PHYS. 9701 Church Street 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) M. McKendree Boyer. Damascus, Maryland, 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 8 g.o REMOVAL (Specify) Burial Feb. Damascus Meth. Damascus. Md. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S STONATURE ADDRESS Damascus. Md. VR A15 [4] 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH



02551 **CERTIFICATE OF DEATH** Reg. Dist. No. filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE Maryland a. COUNTY **b. COUNTY** Montgomery MARYLAND Montgomerv funeral b. CITY OR TOWN (If outside corporate limits, write 8 c. LENGTH OF STAY IN 15 c. CITY OR TOWN [If outside carporate limits, write RURAL and give negrest town] RURAL and give nearest town)
Takoma Park ס Silver Spring d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Washington Sanatarium 9815 East Light Street YES NO F NAME OF Middle 4. DATE Dov Year DECEASED (Type or print) Marse DEATH 1966 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Hours Male White WIDOWED DIVORCED | July 5, 1885 YES. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Russia USA Shoe Worker Shoe 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Arthur I. Morse, Son; same as 2 above pleose 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO IS 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (Cily or town) (County) (State) factory, street, office bldg., etc.) g. n. Not while of wark of work 21. I cortify that I attended the deceased from. that I last saw the deceased and that death accurred at 3.20 PM, fram the causes and an the date stated above. DATE SIGNED ACTUAL SIGNATURE AL DIY FUNERAL DIF registrar 220. BURIAL, CREMATION, 226. DATE THEREO! 22c. NAME OF CÉMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page (Stote) REMOVAL (Specify) 2-18-1966 Geo. Wash. Cemetery Hvattsville. Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



1	Division of STATISTICA	L RESEARCH AND RECORDS, 301			1201
	02562	CERTIFICATE	OF DEATH		02527
	a. COUNTY Montgomery	MARYLAND	2 USUAL RESIDENCE (Where a. STATE MARLE	e deceased lived, if institution Resid	tence before admission)
	b (TTY OR TOWN (If outside corporate lines, write RURAL applique nearest town)	15 days	c CITY OR TOWN Ut posts de	comparate limits, write RURAL and s	give nemest tawn)
	d NAME OF HOSPITA. OR INSTITUTION (If not in	' '	d STREET ADDRESS	Taes ane	e is residence on a farm? yes \boxed no \boxed
	3. NAME OF DECEASED (Type or print) Plane	A Middle Ma	scrust	DATE Month OF DEATH Jel	22 1966
	Tember W V	IDOWED DIVORCED	5/1/1925	9 AGE (n years IF JND1 last birthday) Months	ER I YEAR IF JNDER 24 HRS
	100 US_AL OCCUPATION (G ve kind of work done during man of working life, even if retired);	106 KIND OF BUSINESS OR Colony Alary	SUP 22 . KOFE. F	2.7217.	COUNTRY? 454
	3. FATHERS NAME APPRILE C.	PER	14. MOTHER'S MAIDEN NAME	a Dicks	<i>c</i> >>
	1S WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes g ve war or dates of ser		nformant T. Inoss	rusk - Iter	n #2
	18. CAUSE OF DEATH (Enter only one cause por PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO	Hodgkins	Disease		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove nise to immediate cause (a). stating the underlying couse				
	last. (c)	IBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(a)	19 WAS AUTOPSY
	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CONTRIBU				PERFORMED? YES NO
		205. DESCRIBE HOW INJURY OCCURRED. (<u> </u>	
	20c TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	While Not While tack	E OF INJURY (Hame, farm, pry, street, affice bldg., etc.)		Caunty) (State)
	21. 1 certify that (1) (this haspite saw the deceased alive an			M, from causes and an	that (I) (we) las

OK XITENDING PHYSICIAN: The law requires that the death certificate be executed within 14 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician age-to-poletely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please carbon papers. Pages shauld be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 haurs off Page 4 may be retained by the haspital ar attending physician. O HOSPITAL VR A15 (4) 20 M 1/66

Impletely filled in by the funeral re carban papers. Pages I and

Ded

Burial, CREMATION

22a. SIGNATURE

22c. PHYSICIAN S NAME (Type)

236 DATE THEREOF 2/25/66

James W.

23c. NAME OF CEMETERY OR CREMATORY Arlington National

2d ADDRESS 7720 Wisconsin Ave., Bethesda, .d. 23d LOCAT ON (City or Town) Arlin;ton, Virginia

STAFF PHYS

(County) (State) 2Sb REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

Tyson Wheeler Funeral Home

Egan

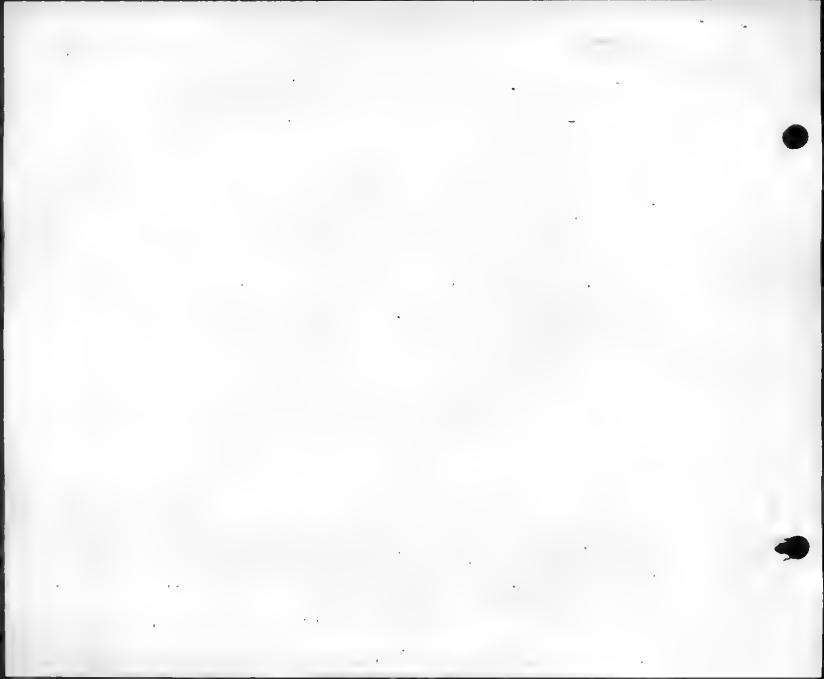
1331 Rockville Pikr Rockville, Maryland Date B 24 19

ATTENDING PHYS

M.D

MED. DIRECTOR

22b. DATE SIGNED



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	02553			CERTIFI	CATE	OF DEATH		(1)	2528
		ntgomery		MARYL	AND	CTATE	(Where deceased nived, if in b.	stitution Residence COUNTY	pefore odmission)
	b CITY OR TOWN (I	outside carporate m.ts, avenear(st town) sue (rural)		36 days	1b	,	utside corporate limits, write pringfield	e RURAL ond g ve	neorest town)
		aval Hospita		ive street address)		d STREET ADDRESS 8121 G	reeley Blvd.		e is residence On a farm? YES NO X
_	NAME OF DECEASED (Type or print)	Mary		Middle Ellen	М	UROS Last	4 DATE	Month eb. 9	Day Year 19 66
-17.	SEX Female	6. COLOR OR RACE	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED	<u> </u>	June 25, 19	9 AGE (In yeo ast birthda 34 y		YEAR IF UNDER 24 HRS Doys Hours Min
10c	JSUAL OCCUPATION ing most of warking I	(Give kind of work done ife, even if retired) SEWLIE		ND OF BUSINESS OR DUSTRY			y&Stote, or foreign country) ia, Virginia		TEN OF WHAT U.S.A.
13.	father's name Warren	M. Gettle				14. MOTHER'S MAIDEN H1:	NAME Lda V. Davis		
15 (Ye	WAS DECEASED EVER es, na, or unknown)	R IN U.S. ARMED FORCES? (If yes give war or dates of s	ervice) 16 S	OCIAL SECURITY NO		oformant ph L. Muros	s, 8121 Gree	Springfic ley Blvd	
		couse (a),	Με 0	(a), (b), and (c).) elanoma, me	alig	nant			INTERVAL BETWEEN ONSET AND DEATH
ATION	PART II OTHER SIG	NIFICANT CONDITIONS CON	TRIBUTING T	O DEATH BUT NOT RELAT	ED TO TI	HE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1{c)	19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY I	CAUSE OF DEATH	205 DES	CRIBE HOW INJURY OCC	URRED (Enter nature of injury in	Port I or Part II of item 18	l.)	
MEDICAL	20c. TIME OF INJU Haur a.m p.m	1.0	20d IN While at wark	51 + 54.01 11		E OF INJURY (Home, far ry, street, affice bldg., etc		n) (Cour	ity) (Stote)
	saw the de	y that (₹) (this haspi ceased alive an	tol) ottend	led the deceased f			19 <u>66, ta Feb</u> 1 <u>1201</u> M. fram cau	ses and an the	
	220 SIGNATURE	John	~>~	~	M.D	711175	MED STAFF DIRECTOR PHYS.		9, 1966
	22c. PHYSICIAN'S NAME (Type);	F. C. Joh		M. D.			val Hospital,		da, Md.
	BUR AL CREMATION	2-1/-	65 -	PRLINGT		National	23d. LOCATION (City of	ton 1	County) (Stote)
	FUNERAL DIRECTOR	Wheatley, 19	-00 P-	ADDRESS		250. REC	D BY REGISTRAR 25t	REGISTRAR'S SIC	SWALOK /

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any evest, within 72 hours after deather. VR A15 (4) 20 M 1/66

TO HOSPITAL DE ATTENDING PHYSICIAN: The low requires that the death certificate be exacuted within 24 hours after death Page 4 may be retained by the hospital or ottending physician.



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

~			02554			CERTIF	ICATE	OF DEATH	,			025	29
for any completely filled in by the funeral letter femove carbon papers. Pages I and and in any event, within 72 hours ofter death			PLACE OF DEATH D. COUNTY MOT	ntgomery		MARY	(LAND	2 USUAL RESIDENCE (V o. STATE Maryland		ed iived, if institut b. COUI	on Residence ITYMontg	before admis	sion)
by the Pages ours oft		B	o. CITY OR TOWN (If outside wrote RURAL and give nethers da (rui	e corporate imits, earest town)		c LENGTH OF STAY I	N lb	Rockvil	itside carparat	e limits, write RUI	AL ond give n	earest town)	
illed in papers iin 72 h	-1		. S. Naval		ospital, giv	ve street oddress)		d STREET ADDRESS 13020 Turi	key Br	anch Par	kway	e S RE ON A YES	SIDENCE FARM? NO 🔼
letely farbon arbon at, with		[(N)	Middle Murr		Lost	4 DATE OF DEATH	Februar	У	10 1	
comp smove (male Ca	ucasian W	ARRIED [lumb	Parch 188	_	AGE (In years dost birthday)		oys Hour	ER 24 HRS Min
a di in		duri	JSUAL OCCUPATION (Give x ng mast of warking life, eve Housewif	n if retired)		o of Business OR USIRY Oping Own ho	me	Pomonkey	Mary		COUN COUN	N OF WHAT TRY? S. A.	
attending physic permit Then ple ion, or removol, o			FATHER'S NAME Richard Cro		16 50	OCIAL SECURITY NO	17 16	14. MOTHER'S MAIDEN I <i>Unknown</i> IFORMANT		m a ridde			
attendii ermit on, or re		(Ye	WAS DECEASED EVER IN U.S., no, or unknown) (If yes g. NO.)	None	\perp \wedge	lone		vin Murray		Trexl ze r m, Maryl			
by the fronsit p			18. CAUSE OF DEATH (E PART I. DEATH WAS	CAUSED BY: MMEDIATE CAUSE (a)	1 1	o), (b), and (c).)	:Al	hematom.	13-			ONSET AND	
signed burnol-1 burnol-1			Conditions, if any, which rise to immediate coust stating the underlying of	(a), (NIE TO	ARter	eial hyp	enter	33102				2041	25,
os leen os the		N(PART II. OTHER SIGNIFICA		BUTING TO	DEATH BUT NOT REL	ATED TO TI	HE TERMINAL DISEASE CON	NDITION GIVEN	N IN PART 1(o)		19 WAS AI	JTOPSY MED?
J FUNERAL DIRECTOR: After this certificot hos leen director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to	*	CERTIFICATION	200. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICA	SE OF DEATH	20b. DESC	CRIBE HOW INJURY O	CCURRED. (I	inter nature of injury in	Part 1 or Part	II of item 18.)		YES 🗌	NG C
detoch		MEDICAL	20c. TIME OF INJURY Mo Hour a.m. p.m.	nth, Doy, Year 19	While of work	URY OCCURRED Not While of work	facto	F OF INJURY (Hame, form ry, street, affice bldg., etc.)		(City or town)	(Caunt	,	(State)
OR: After			saw the decease	t (I) (this haspital d alive an 10 F) ottende 'ebrus	ed the deceased ary 19_66,	fram_ <u>Ö</u> and that	February , I death accurred at	9.66 to	10 Febru , fram causes	and an the	date stat	(we) las ed abave
TO FUNERAL DIRECTOR: director, page 3 shauk should be filed with the	1		22c. PHYSICIAN'S	L. Boran	undy	101	M.D	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	22b. DATE 11 Fe	signed bruar	y 196
NERAL Itor, po	,	230	NAME (Type) W.	L. Branno		LI MC US	-	U.S. Nava		oital, Be		, Md.	(State)
direction should be should	8	Bu	REMOVAL (Specify)	2-14-66 		Ft. Line		emetery		ensburg		rylan	
VR A15 (4) 20 M 1/66	D		J. E. Pumphr			ing, Maryl	land	DATE		956	traveley	Judg	٤.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours often deoth Page 4 may be retained by the hospital or ottending physicion.



15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	2/2	in the same of		02566	CERTIFICATE	OF	DEATH			02531
death	by the funeral Pages 1 and 2 nours after death.		1 1	SOUNTY CONTRACTOR	MARYLAND	2. USU	JAL RESIDENCE (Where de	ceased lived, if institution b. COUNT	in Residence bef	fore admission)
s ofter	the fu		Ž,	CITY OR TOWN (If autside corporate write BORAL and give nearest awn	limits, c. LENGTH OF STAY IN 1b	(ENY	OR TOWN (If autside con	parate limits, write RUR	AL and give near	
t haur	E 22 2		P	/ /	(If not in haspital, give street address)	-	EET ADDRESS / C	3,17)91	2 1a, C.	e IS RESIDENCE ON A FARM?
thin 24				DUBUYBAN F	First Midde	1.	Lost , 4 DA	IE Month	. 0	YES NO X
ted wi	completely fi	1	5 5	, lba ar br	nas Clint N. E 7 MARRIED NEVER MARRIED X B	DATE	GO/S DE	9 AGE (In years	IF UNDER 1 YEAR	
noexe	remewe		100	USUAL OCCUPATION (G ve kind of work	WIDOWED DIVORCED	7-	RTHPLACE (County & State, c	Jost birthday)	Manths Days	
ate be	physician a hen please i naval, and in		dury	thost of working life, even if retired	acita City Lux Fic	0)	Maryka	22(1	(O INTRY	O Fild.
certific	physical plan plan plan plan plan plan plan pl		13	FATHER'S NAME	4. Michael	14 M	OTHER'S MAIDEN/NAME	13/20	inet?	+ '
that the death certificate be executed within 24 hours after	by the attending physician and cam transit permit. Then please regieve, cremation, or remaval, and in any ev		1S (Ye:	WAS DECEASED EVER IN U.S. ARMED FOR Ga brunknawn) (If yes give war ar d None	ates of service) 16 SOCIAL SECURITY NO	VFORMA	1018 /)1C	Sols Addres	" Thek	9
at the	the at isit per matian					R.c	Que		7	NTERVAL BETWEEN
res the	led by ial-tran			5810 Conditions, if any, which gave)	DUE TO					
requires	en signed to burial, to			rise to immediate cause (a), (stating the underlying cause ((b)					
the law r	this certificate has been letached far use as the Dept. af Health priar to		NO.	PART II, OTHER SIGNIFICANT CONDITION	(c)	HE TERM	NINAL DISEASE CONDITION	GIVEN IN PART I(a)		9 WAS AUTOPSY PERFORMED?
IAN: T	ficate ho for use	又	CERT FICATION	20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED. (Enter no	ature of injury in Port I or	Part II of item 18)		YES HO
PHYSICIAN: The	this certif detached e Dept. af		MEDICAL CEI	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, You				Of. (City or town)	(County)	(State)
တ 🚓	After the be del		WEI	Hour a.m. p.m. 21 Leartify that (I) (this	19 While at work at work hospital) ottended the desegred from	iry, stree	et, affice bldg., etc.)	to 2/5	1966	that (I) (we) last
ATTENDIN	TOR: A hauld th the			saw the deceased alive of		death	accurred of 315 M	M, fram causes o	and on the d	ate stated above.
808		1		22c. PHYSICIAN S	nky y your M.D	PHY	ENDING MED. VS DIRECTO Id ADDRESS	R PHYS	12/	6/66
TO HOSPITAL	o FUNERAL director, po should be fi		22	NAME (Type)	DERICK Y. DON	18	To Pera	Location (City or Tox	· Sie	en Sper, h
TO HO	10 FU direct shau	2		REMOVAL (Spenty) ?=9	O DE CHILLY OWN THE		iterian Cime	tery Dan	nestown	Md.
	VR A15 (4) 1 20 M 1/66	3	24.	FUNERAL DIRECTOR Cycles	Carles 8434 ADDRESS	18mm	2Sa REC'D BY REC	1966 256 REG	Cistrar's signat	Δ.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) al director. Page for your files. e. COUNTY a. STATE b. COUNTY is necessary, ö Montgomerv MARYLAND Maryland Montgomery Department b. CITY OR TOWN lif outside corporate limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside eorporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Silver Spring <u>Silver Spring</u> d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS o the funeral with the State | 72 hours after retained Holy Cross Hospital 028 University Blvd Middle Dev DECEASED OF (Type or print) DEATH 9 Oettinger 5. SEX 6. COLOR OR RACE 7. MARRIED REVER MARRIED ge Angye and 2 with within 72 DATE OF BIRTH AGE (In years LIF UNDER I YEAR iast birthday) Months Days WIDOWED DIVORCED 4/28/1901 64 YIB. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY LACL(State or foreign sountry) 12. CITIZEN OF WHAT COUNTRY ' in pencil in Item 18. Give Pages 1, 1 Office along with form PM3. Page done during most of working life, even if retired) event Broker Insurance Insurance Baveria.Germany U.S. File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME white permit file . Sally Oettinger Dolce Ullmann certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 1028 University Blvd. (Yes, no, or unknown) | (Hyes pive wer or detect service) No Mrs. Kaethe Oettinger 18. CAUSE OF DEATH | Enter only one sause pen line for (a), (b), and (c), burial-transit or removal PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 421 DUE TO Conditions, if any, which cremation, "pending" gave risa to immediate ceuse 49 **DUE TO** le), steting the underlying Examiner sause lest. pe nseq CERTIFICATION burial, 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II or Part III of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY [Home, ferm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour e.m. While Not While at work et work p.m

Silver Spring, Md. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 179, WAS AUTOPSY PERFORMED? (State) 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Matural causes Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE Address Street, Str. Town or county NAME (Type) 22a, BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town,

e the certificate, writing the word "I forwarded to the Chief Medical Ex. DIRECTOR: Page 3 should be us designated agent, prior to burial, or should be forwarded to the FUNERAL DIRECTOR: MEVICAL peleudisep should be for 115 DEPUTY ò TO FULL Health VR A15ME 5M 1/63

23. FUNERAL DIRECTOR)ANZANSKY

REMOVAL (Specify)

EMETEL. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE

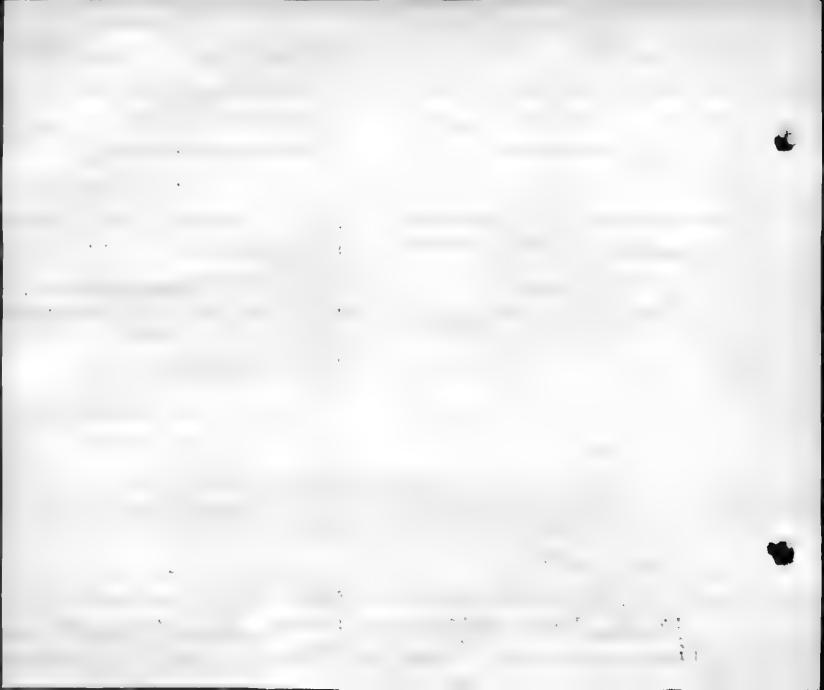
YES TO NO

IF UNDER 24 HRS.

ON A FARM?

66

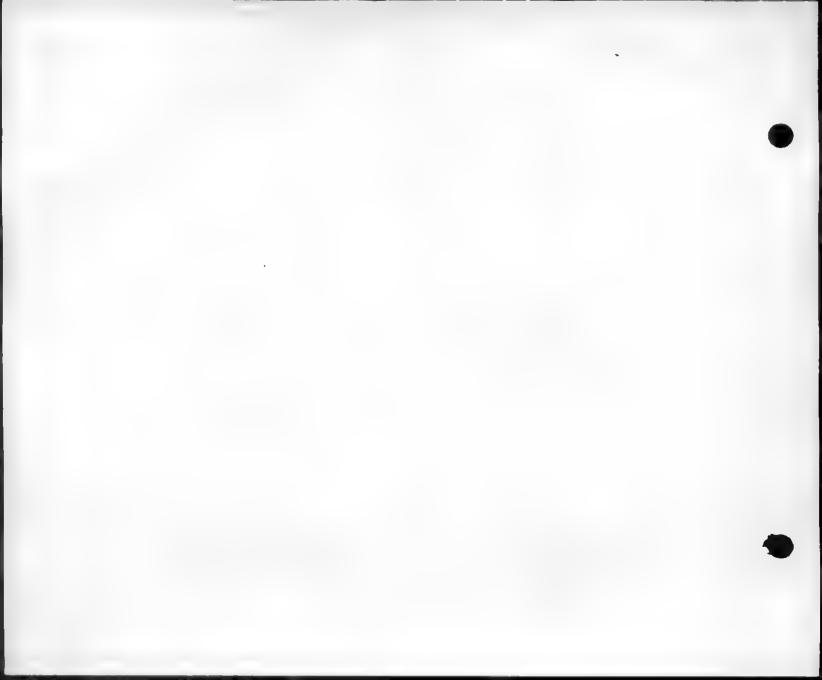
Min.



MARYLAND STATE DEPARTMENT OF HEALTH RESEARCH AND RECORDS 301 W PRESTON STREET RAITIMORE 1 MARYLAND DIVISION OF STATISTICAL

BASE COUNTY ACTION OF TAXABLE CONTROLLED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I, DEATH WAS CAUSED BY: B. CAUSE OF DEATH (Enter only one causes per limeter (a), (b), and (c), in the cause of limits, with a course of limits, write runned by the course of limits, write RURAL specified or specified or the cause of limits, write RURAL specified or specified or the cause of limits, write RURAL specified or specified or the cause of limits, write RURAL specified or specified o		A2558 CERTIFICAT	E OF DEATH ()2533
D. C. CITY OF TOWN (if custode cuprores lights, write RURAL and give nearest town with RURAL and give nearest town on a FARM CONTROL of The RURAL and give nearest town on a FARM CONTROL of The RURAL and give nearest town on a FARM CONTROL of The RURAL and give nearest town on a FARM CONTROL of The RURAL and give nearest town on a FARM CONTROL of The RURAL and give nearest town on a FARM CONTROL of The RURAL and give not a FARM CONTR	1	I. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission)
with RURAL and give narest town) VIVE STATE A CL STATE		MONTGOMERY MARYLAND	Marikasia Mozilgoculty
a. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A NAME OF CITY OF OR PACE TO THE STATE OF TH	ı	write RURAL and give nearest town)	
TACK STORY OF PART I. OTHER SEGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS OF INJURY OCCURRED. TO CONDITION, WHICH CONTRIBUTION CONTRIBUTIONS CONTRIBUTIONS OF INJURY OCCURRED. TO CONTRIBUTION CO	1		Silver spring
3. MAME DE DECARD PROTECTION OF MARKED NEVER MARRIED NEVER NEVER NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER N	ı	Family / N/	ON A FARM?
DEEASE DEVELOUIS AMERICAN DISCOURTING TO THE TERMINAL DISEASE CONDITIONGIVEN IN PART 1(e) 18. DATE OF BIRTH 19. AGE (in years FUNDER 174AR FUNDER 24 HI 19. AGE (in years FUNDER 174AR FUNDER 24 HI 10. SURVAL OCCUPATION, (club, a lind of work adone) 10. SURVAL OCCUPATION, (club, a lind of work adone) 10. SURVAL OCCUPATION, (club, a lind of work adone) 10. SURVAL OCCUPATION, (club, a lind of work adone) 11. BIRTHPLACE (County & State, or fereign ceunty) 12. FATHER'S MAME 14. MOTHER'S MAIDENAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no., or unknown) 18. CAUSE OF DEATH (Enter only one cause per line-for (a), (b), and (c). 1 PART 1. OLAR WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per line-for (a), (b), and (c). 1 PART 1. OLAR WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per line-for (a), (b), and (c). 1 PART 1. OLAR WAS CAUSED BY: 19. WAS AUTOPS 19. DUE TO 19. DESCRIBE HOW INJURY OCCURRED CONTRIBUTION GONARD INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 19. WAS AUTOPS 19. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20. TIME OF INJURY Month, Day, Year 2 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm.) 20. TIME OF INJURY Month, Day, Year 2 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm.) 20. TIME OF INJURY Month, Day, Year 2 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm.) 21. CERTIFY HAR (II) (this hospital) attended the deceased from 2 22e. ADDRESS M.D. PHYSICIAN'S 22e. SIGNATURE 22e. SIGNATURE 22e. DATE SIGNED 22e. DATE SIGNE			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years if UNDER YEAR FUNDER 24 H 181 birthday) 181 minth 181 birthday 181 minth 181		DECEASED	1/h = 0 0F
BOB. USUAL DECUPATION CIPIES NITED AND THE DIVORCED 4-8 - 72 yrs. BOB. USUAL DECUPATION CIPIES NITED AND THE DIVORCED 4-18 - 72 yrs. BOB. USUAL DECUPATION CIPIES NITED AND THE DIVORCED 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S MANE		7.10.113	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
ADB. USUAL DOCCUPATION GIVE kind of work done during host of working life, eye if retrieval property in industry 13. FATHER'S MAME 14. MOTHER'S MADER MADE	1	Male White WIDOWED DIVORCED	4-18-72 93 yrs. Months Days Hours Min.
15. WAS DECASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give war or date of service) 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).) 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).) 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).) 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).) 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).) 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).) 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).) 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).) 19. CONDITIONS (a), stating the underlying cause last. 19. DUE TO 19. CAUSE (a) 20. PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (c) 19. WAS AUTOPS PERFORMED (a) 19. WAS AUTOPS PERFORMED (a) 19. CAUSE (a) 20. CONTRIBUTING CAUSE (b) 20. DESCRIBE HOW INJURY OCCURRED (enter nature of injury in Part II of Item 18.) 20. CAUSE (c) 20. Time OF INJURY Month, Day, Year 20d. INJURY OCCURRED (enter nature of injury in Part II of Item 18.) 20. Time OF INJURY Month, Day, Year 20d. INJURY OCCURRED (enter nature of injury in Part II of Item 18.) 20. Time OF INJURY Month, Day, Year 20d. INJURY OCCURRED (enter nature of injury in Part II of Item 18.) 20. Time OF INJURY Month, Day, Year 20d. INJURY OCCURRED (enter nature of injury in Part II of Item 18.) 20. CITIEN (C) 20. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (enter nature of injury in Part II of Item 18.) 20. CITIEN (C) 20. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (enter nature of injury in Part II of Item 18.) 20. CITIEN (C) 20. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter nature of injury in Part II of Item 18.) 20. (C) 20. CITIEN (C) 20. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter nature of Injury in Part II of Item 18.) 20.		ADB. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	1 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
Second College 16. Social Security 17. Informant Address 18. Cause of Perri in U.S. Armeoforcest 16. Social Security 17. Informant Address	1	Darage Navuer	Hungary V.S.A.
15. WAS DECEASED EVER IN U.S. ARMEDFORCES? (Yes, no, or unknown) (If you give war or date of service) 18. CAUSE OF DEATH (Enter only one cause per line-for (a), (b), and (c).] 18. CAUSE OF DEATH (Enter only one cause per line-for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO CONDITIONS, If any, which gave rise to immediate cause (a), stating the (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) OR CONTRIBUTING: CAUSE OF DATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20c. NOTIFY THE OF INJURY Month, Day, Year 20c. NOTIFY THE OF INJURY MONTH, Day, Year 20c. NOTIFY THE OF INJURY MONTH, Day, Year 20c. TIME OF INJURY Month, Day, Year 20c. NOTIFY THE OF INJURY MONTH, Day, Year 20c. NOTIFY THE OF INJURY MONTH, Day, Year 20c. NOTIFY MEDICAL EXAMINER) 21. I certify that (I) (this hospital) attended the deceased from the factory, street, office bldg., etc.) 22c. SIGNATURE 22c. PHYSICIAN'S NAME OT YES NAME OT YES		13. FATHER'S NAME	
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] 19. PART I, DEATH WAS CAUSED BY:			
18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PART II. DEATH WAS CAUSED OF DEATH (f) THE WAS AUTOPS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PART II. DEATH WAS CAUSED OF DEATH (f) PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PART II. DEATH WAS CAUSED OF DEATH (f) PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PART II. DEATH OF DEATH I (e) PART II. DEATH OF DEATH I (e) PART II. DEATH OF DEATH I (e) PART II. D		(Yes, no, or unkown) (If yes give war or dates of service)	The Marie of Comments of a Marie Comment of the Marie Comment of the Comment of t
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS PERFORMED YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work at work 21. I certify that (I) (this hospital) attended the deceased from that saw the deceased alive on 1/27 19.66, and that death occurred at 9/M, from the causes and on the date stated about the deceased dive on 1/27 19.66, and that death occurred at 9/M, from the causes and on the date stated about the deceased dive on 1/27 19.66, and that death occurred at 9/M, from the causes and on the date stated about the deceased dive on 1/27 19.66, and that death occurred at 9/M, from the causes and on the date stated about the deceased dive on 1/27 19.66, and that death occurred at 9/M, from the causes and on the date stated about the deceased dive on 1/27 19.66, and that death occurred at 9/M, from the causes and on the date stated about the deceased dive on 1/27 19.66, and that death occurred at 9/M, from the causes and on the date stated about the deceased dive on 1/27 19.66, and that death occurred at 9/M, from the causes and on the date stated about the deceased dive on 1/27 19.66, and that death occurred at 9/M, from the causes and on the date stated about the deceased dive on 1/27 19.66, and that death occurred at 9/M, from the causes and on the date stated about the deceased dive on 1/27 19.66, and that death occurred at 9/M, from the causes and on the date stated about the deceased dive on 1/27			// INTERVAL BETWEEN
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED 202. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) 204. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 205. TIME OF INJURY Month, Day, Year At work 206. TIME OF INJURY Month, Day, Year At work 21. I certify that (I) (this hospital) attended the deceased from the at work 21. I certify that (I) (this hospital) attended the deceased from the at work 22. SIGNATURE 22. SIGNATURE 22. SIGNATURE 22. PHYSICIAN'S NAME (Type) RA N. Tuble 23. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF GEMETERY OR CREMATIORY 23d. LOCATION (City, town or county) (State) REMOVAL, Specify) 23d. LOCATION (City, town or county) (State) REMOVAL, Specify) 23d. LOCATION (City, town or county) (State) REMOVAL, Specify) 23d. LOCATION (City, town or county) (State) REMOVAL, Specify) 23d. LOCATION (City, town or county) (State) REMOVAL, Specify) 23d. LOCATION (City, town or county) (State)		PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (e) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (e) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (e) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (e) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (e) PART III. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (e) PART III. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (e) PART III. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (e) PART III. OTHER SIGNIFICANT CONTRIBUTION FOR THE PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (e) PART III. OTHER SIGNIFICANT CONTRIBUTION FOR THE PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (e) PART III. OTHER SIGNIFICANT SIGNIFI		1/ / 1 V	
Cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONGIVEN IN PART 1 (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONGIVEN IN PART 1 (e) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONGIVEN IN PART 1 (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONGIVEN IN PART 1 (e) 19. WAS AUTOPS PERFORMED? YES NO [20a. ACCIDENT WAS UNDERLYING		Conditions, if any, which) (b)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS PERFORMED		cause (a), stating the DUE TO	
20c. Time of Injury Month, Day, Year 20d. Injury Occurred 20e. PLACE Of Injury (Home, farm, factory, street, office bldg., etc.) While at work 19 Not While at work 21. I certify that (I) (this hospital) attended the deceased from 1963, to 2/1, 1966, that (I) (we) is saw the deceased alive on 127 1966, and that death occurred at 9 M, from the causes and on the date stated about 22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 1 RA N. Tubling 12d. ADDRESS NAME (Type) 1 RA N. Tubling 12d. ADDRESS NAME (Type) 23d. DATE SIGNED 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity, town or county) (State) 22d. ADDRESS NAME (Specify) 2 3 6 M. D. PHYS. CREMATORY 23d. LOCATION (Gity, town or county) (State) 22d. ADDRESS NEW NORTH (State) 23d. ADDRESS NAME (Specify) 2 3 6 M. D. PHYS. CREMATORY 23d. LOCATION (Gity, town or county) (State) 23d. ADDRESS NEW NORTH (Specify) 2 3 6 M. D. PHYS. CREMATORY (State) 23d. ADDRESS NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (Gity, town or county) (State) 23d. ADDRESS NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (Gity, town or county) (State) 23d. ADDRESS NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (Gity, town or county) (State) 23d. ADDRESS NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (Gity, town or county) (State) 23d. ADDRESS NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (Gity, town or county) (State) 23d. ADDRESS NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (Gity, town or county) (State) 23d. LOCATION (Gity, town or county) (State) 23d. ADDRESS NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (Gity, town or county) (State) 23d. LOCATION (Gity			ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
20c. Time of Injury Month, Day, Year 20d. Injury Occurred 20e. PLACE Of Injury (Home, farm, factory, street, office bldg., etc.) While at work 19 Not While at work 21. I certify that (I) (this hospital) attended the deceased from 1963, to 2/1, 1966, that (I) (we) is saw the deceased alive on 127 1966, and that death occurred at 9 M, from the causes and on the date stated about 22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 1 RA N. Tubling 12d. ADDRESS NAME (Type) 1 RA N. Tubling 12d. ADDRESS NAME (Type) 23d. DATE SIGNED 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity, town or county) (State) 22d. ADDRESS NAME (Specify) 2 3 6 M. D. PHYS. CREMATORY 23d. LOCATION (Gity, town or county) (State) 22d. ADDRESS NEW NORTH (State) 23d. ADDRESS NAME (Specify) 2 3 6 M. D. PHYS. CREMATORY 23d. LOCATION (Gity, town or county) (State) 23d. ADDRESS NEW NORTH (Specify) 2 3 6 M. D. PHYS. CREMATORY (State) 23d. ADDRESS NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (Gity, town or county) (State) 23d. ADDRESS NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (Gity, town or county) (State) 23d. ADDRESS NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (Gity, town or county) (State) 23d. ADDRESS NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (Gity, town or county) (State) 23d. ADDRESS NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (Gity, town or county) (State) 23d. ADDRESS NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (Gity, town or county) (State) 23d. LOCATION (Gity, town or county) (State) 23d. ADDRESS NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (Gity, town or county) (State) 23d. LOCATION (Gity		C. l. 1 C. to	PERFORMED?
20c. Time of Injury Month, Day, Year 20d. Injury Occurred 20e. PLACE Of Injury (Home, farm, factory, street, office bldg., etc.) While at work 19 Not While at work 21. I certify that (I) (this hospital) attended the deceased from 1963, to 2/1, 1966, that (I) (we) is saw the deceased alive on 127 1966, and that death occurred at 9 M, from the causes and on the date stated about 22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 1 RA N. Tubling 12d. ADDRESS NAME (Type) 1 RA N. Tubling 12d. ADDRESS NAME (Type) 23d. DATE SIGNED 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity, town or county) (State) 22d. ADDRESS NAME (Specify) 2 3 6 M. D. PHYS. CREMATORY 23d. LOCATION (Gity, town or county) (State) 22d. ADDRESS NEW NORTH (State) 23d. ADDRESS NAME (Specify) 2 3 6 M. D. PHYS. CREMATORY 23d. LOCATION (Gity, town or county) (State) 23d. ADDRESS NEW NORTH (Specify) 2 3 6 M. D. PHYS. CREMATORY (State) 23d. ADDRESS NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (Gity, town or county) (State) 23d. ADDRESS NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (Gity, town or county) (State) 23d. ADDRESS NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (Gity, town or county) (State) 23d. ADDRESS NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (Gity, town or county) (State) 23d. ADDRESS NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (Gity, town or county) (State) 23d. ADDRESS NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (Gity, town or county) (State) 23d. LOCATION (Gity, town or county) (State) 23d. ADDRESS NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (Gity, town or county) (State) 23d. LOCATION (Gity		208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCI	love La 1/205 like
21. I certify that (I) (this hospital) attended the deceased from the course at 196, that (I) (we) is saw the deceased alive on 127 1966, and that death occurred at 29 M, from the causes and on the date stated about 226. SIGNATURE 226. SIGNATURE 227. PHYSICIAN'S NAME (Type) 228. ADDRESS NAME (Type) 238. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) 236. NAME OF CEMETERY OR CREMATORY 237. NAME OF CEMETERY OR CREMATORY 238. DATE THEREOF REMOVAL (Specify) 239. DATE THEREOF REMOVAL (Specify) 230. NAME OF CEMETERY OR CREMATORY 231. DOCATION (City, town or county) 232. State)		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21. I certify that (I) (this hospital) attended the deceased from the course at 196, that (I) (we) is saw the deceased alive on 127 1966, and that death occurred at 29 M, from the causes and on the date stated about 226. SIGNATURE 226. SIGNATURE 227. PHYSICIAN'S NAME (Type) 228. ADDRESS NAME (Type) 238. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) 236. NAME OF CEMETERY OR CREMATORY 237. NAME OF CEMETERY OR CREMATORY 238. DATE THEREOF REMOVAL (Specify) 239. DATE THEREOF REMOVAL (Specify) 230. NAME OF CEMETERY OR CREMATORY 231. DOCATION (City, town or county) 232. State)		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	
saw the deceased alive on 1/27 19.66, and that death occurred at 9.7 M, from the causes and on the date stated above 226. SIGNATURE 226. SIGNATURE M.D. ATTENDING MED. STAFF 226. DATE SIGNED 226. ADDRESS NAME (Type) TRA N. Tub IIV 236. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) 2/3/66 71. Tub IIV 236. NAME OF CEMETERY OR CREMATORY 237. NAME OF CEMETERY OR CREMATORY 238. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) 2/3/66 71. Tub IIV 239. NAME OF CEMETERY OR CREMATORY 230. NAME OF CEMETERY OR CREMATORY 230. NAME OF CEMETERY OR CREMATORY 231. DOCATION (Gity, town, or county) 232. NAME OF CEMETERY OR CREMATORY 233. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) 2/3/66 71. Tub IIV 236. NAME OF CEMETERY OR CREMATORY 237. NAME OF CEMETERY OR CREMATORY 238. DOCATION (Gity, town, or county)		P.m. 19 at work at work	, , , , , , , , , , , , , , , , , , ,
226. SIGNATURE M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 226. DATE SIGNED 227. PHYSICIAN'S NAME (Type) TRANTUDING 228. STAFF DIRECTOR PHYS. 229. DATE SIGNED 220. DATE SIGNED 220. DATE SIGNED 220. DATE SIGNED 221. ADDRESS 226. ADDRESS 226. ADDRESS 227. Wayne five. S. S. May 238. BURIAL, CREMATION, 23b. DATE THEREOF 230. NAME OF CEMETERY OR CREMATORY 231. DOCATION (City, town or county) 232. REMOVAL (Specify) 233. BURIAL, CREMATION, 23b. DATE THEREOF 230. NAME OF CEMETERY OR CREMATORY 231. DOCATION (City, town or county) 232. State)		21. I certify that (I) (this hospital) attended the deceased from	
22c. PHYSICIAN'S NAME (Type) RA N. Tubila 22d. ADDRESS NAME (Type) RA N. Tubila 25 E. Wayne Ave. S. S. Ma 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 23/66 Nett. (Tebron Cemetery New York)			t death occurred at 77 M, from the causes and on the date stated above.
22c. PHYSICIAN'S NAME (Type) TRANTUDIN 22d. ADDRESS 25 E. Wayne Ave. S. S. Made (Type) TRANTUDIN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Burial, Cremation, 23b. Date thereof 23c. Name of Cemetery New York (State) 2/3/66 Net. Hebron Cemetery New York (State)			ATTENDING - MED. STAFF
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BUT (3) 2/3/66 NLL, (Tebron Cemetery New York)		22c. PHYSICIAN'S	
Burial (Specify) 2/3/66 net. Hebran Cemetery New York, N. 1.		I L KA N. I W DILA	25 E. Wayne HUR. S. S. Mg
DUFINI 13/66 VOLULEDION CENTREELY NEW 101/1/11		REMOVAL (Specify)	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
24. FUNERAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAR'S SIGNATURE		DUTION /3/66 MULITEDICITI	
B. Danzansky YDORS 3501-14 STNW DE FATEB 7 1966 Plantes Judge		14. DODZZASKU Y-ORS 2501-14 STA	V.W. ACC-DO GOOD Milanella Judge

VR A15 (4) 15M 4-64

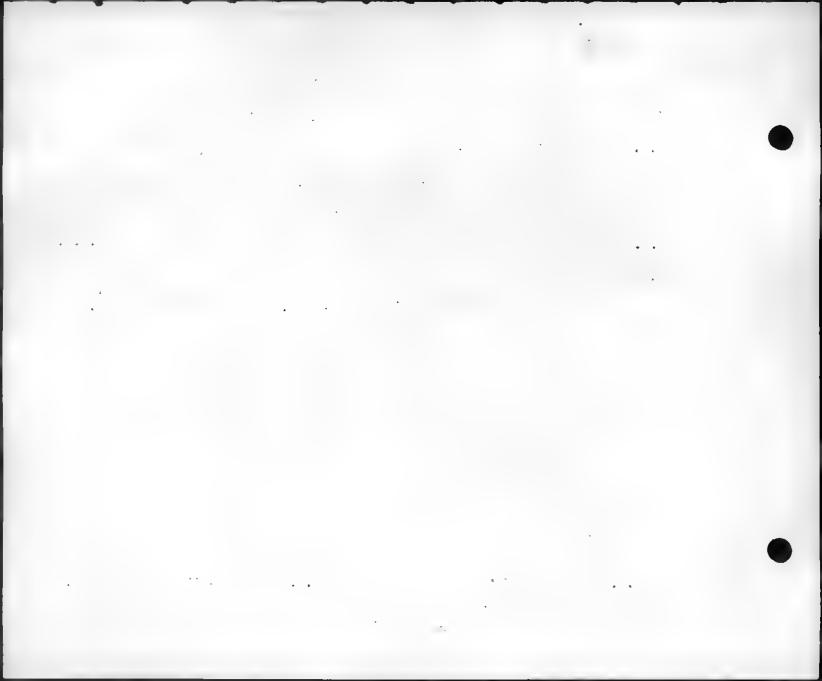


TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then prease remove carbon papers. Pages 1-and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYTICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1 12559 The WEK!	IFICALE OF DEATH
1. PLACE OF BEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Manch summer and	a. STATE b. COUNTY Virginia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
Bethesda 214 day	s Springfield
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stre	
U.S. Naval Hospital Bethesda	7421 Farnum Street YES NO NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Leonard Jose	ph Opeil DEATH February 4 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED XX NEVER MAR	RIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IN UNDER 24 HRS.
Male Cauc WIDOWED 01V0	RCEO December 5 1917 19/18yrs. Months Oays Hours Min.
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	
U.S. Navy 13. FATHER'S NAME	Ohio U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAJOEN NAME
Martin Opeil	Mary Benner
15. WAS OECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no, or unknown) (If yes give war or dates of service)	
Madrill Aread 901-14-14	Susan E. Opeil Springfield, Va.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), a	INTERVAL RETWEEN
PART I. DEATH WAS CAUSED BY.	QNSET AND GEATH
immediate cause (a) Malignant L	ymphoma
005 10	
Conditions, if any, which (b)	
cause (a), stating the OUE TD	
underlying cause last. (c)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) [19. WAS AUTOPSY
S LAWS IN ORDER SIGNIFICANT COUNT TOUS CONTRIBUTING TO DEATH	PERFORMEO?
191	YES Y NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH E	NJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
Hour a.m. While - Not While	factory, street, office bldg., etc.)
21. I certify that (this hospital) attended the decease	ed from 7 3 4 4 , 1965, to 4 Feb , 1966, that \$ (we) last
saw the deceased alive on 7 1 20 19 66	and that death occurred at
228. SIGNATORE	ATTENDING MED STAFF _ 5 February 1066
22c. PHYSICIAN'S	M.D. PHIS. URECTOR PHIS.
22c. PHYSICIAN'S NAME Gype) R.B. Moquin LCDR MC USN	U.S. Naval Hospital Bethesda Md.
23a. BURIAL, CREMATION, 23b. PATE THEREOF 23c. NAME C	F CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
15 O'AL (Specify) 2/9/66 AR	INGTON NATH AKLINGTON VA.
24. FUNERAL DIRECTOR / LABORES	A PIN CO STATE REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
WIN CHAILDWIND BLACK	NATON DE ONTEED 9 1966 " 20 Judge
IV ELATIT.	WILLIAM POLITICAL TOOK

VR AI5 (4) 2DM 1/65



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be axecuted within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. rage 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be discussed to the plant of the prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1925 25

0.43.34	OLKIII IOATE OI	PEAIII	1/2/01	
1. PLACE DF DEATH] 2. US	SUAL RESIDENCE (Where deceased liv	ed, If institution: Residence before admissi	ien)
a. COUNTY Hamerul	ه ا	STATE	b. COUNTY .	
	MARYLAND LENGTH OF STAY IN 1b S. CIT	Y OR TOWN If outside cornerate II	mits, write RURAL and give nearest toy	(dyn)
write RURAL and give mearestation)	121 11 11 7	7 A Constitution of the Constitution	D D	ires
Tokama, Park	13 fura 40"	nacyland 1	ark	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi	tal, give street address) d. STF	REET ADDRESS	e. IS RESIDEN ON A FARM	VCE
Washington Santorium	+ Hospital 6	509 C. St.	YES NO	Taxal .
3. NAME OF DECEASED PIRST	Midele	Last 4. DATE	Month Day Year	
(Type or print) Million M	arie ORTE	na N DEATH	2-23 1961	4
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 7 8. DATE	OF BIRTH 19. ACE (1	n years IF UNDER 1 YEAR IF UNDER 24 F	HRS.
Lemalo uslite, WIDOWED D	رس ا	3-06 SC		lin.
IVa. USUAL OCCUPATION (Cive kind of work done 10b. KIND		IRTHPLACE (County & State, or foreig	m country) 12. CITIZEN OF WHAT	
during most of working life, even if retired) INDU		1 + 1 - 10GH	COUNTRY?	
13. FATHER'S NAME		estrect of Cool	encles ci. oft,	
13. PATRER'S NAME	14. N	OTHER'S MAIDEN NAME	nmon_	
William Fet salnu	ok /	orden for		
15. WAS DECEASED EVER IN U.S. ARMED TOYCES? 16. SOC (Yes, no, or unknown) (If yes give war or dates of service)	TAL SECURITY NO. 17. INFORM	ANT	Address	
120	dera	ital Rose 1.	,	
18. CAUSE OF DEATH [Enter only one cause per line	(or (a) (b) and (a) 3	The state	1 INTERVAL BETWEE	EN
PART I. DEATH WAS CAUSED BY:	(a), (b), and (c).	= 1 1	ONSET AND DEAT	TH.
IMMEDIATE CAUSE (a)	articles of	andmany	405	_
// 2 X DUE TO				
Conditions, If any, which	UMMA	M. Clessen	4105	
gave rise to immediate		The state of the s		_
underlying course last		6		
	C TO DEATH DUT NOT DELATED TO I	WE TERMINAL DISEASE CONDITIONS	CIVEN IN PART 1(a) 19. WAS AUTOPS	ev -
S TAKT II. OTHER SIGNITION TO TO THE SIGNIFICANT CONTRIBUTION	CTO DEXTH BUTNOT RELATED TO	HE LEKWINAL DIZENZE COUDITION	PERFORMED)?
214			YES NO	
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION 20a. ACCIDENT WAS UNDERLYING [] 20b. DESI OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED. (F	inter nature of injury in Part 1 or	Part II of Item 18.)	
	RY OCCURRED 20e. PLACE OF IN	JURY (Home, farm, 20f. (City or	town) (County) (State	1)
Hour a.m. While	I NOT WHITE THE	t, office bidg., etc.)	^	
	at work	-16	(33 ()	_
21. I certify that (I) (this hospital) attended	4		19 66, that (1) (we) 1	
saw the deceased alive on Feb. 12	1966, and that death	occurred at 6 AM, from the	causes and on the date stated abo	ove.
22a. SICNATHRE	7. AU/ ATTE	NDINC MED. STA	22b. DATE SICNED	
Milker T. K	ACCEPTAN M.D. PHYS	DIRECTOR PHY		
22c. PHYSICIAN'S A BERT COL	4. GROLLHARD	ADDRESS // 6 5	4K104,97	
1106 91440 7C		THURS SLAN	G. Poli	
	3c. NAME OF CEMETERY OR CRE	MATORY 23d LOCATION	(City, town or county) (State)	
REMOVAL (Specify) 2-76-66	not moint	11 Mal	1 7 11	
24. FUNERAL DIRECTOR	ADDRESS.	25a, REC'D BY REGISTRAR	25b. RECISTRAR'S SICNATURE	
2 - 011 300	HID SX. N.E.	FED DO COLO	Harly Lidge	
Dee Funeral Home 300	dol. D.C.	DATE D GO 1030	1	

VR A15 (4) 20M 1/65

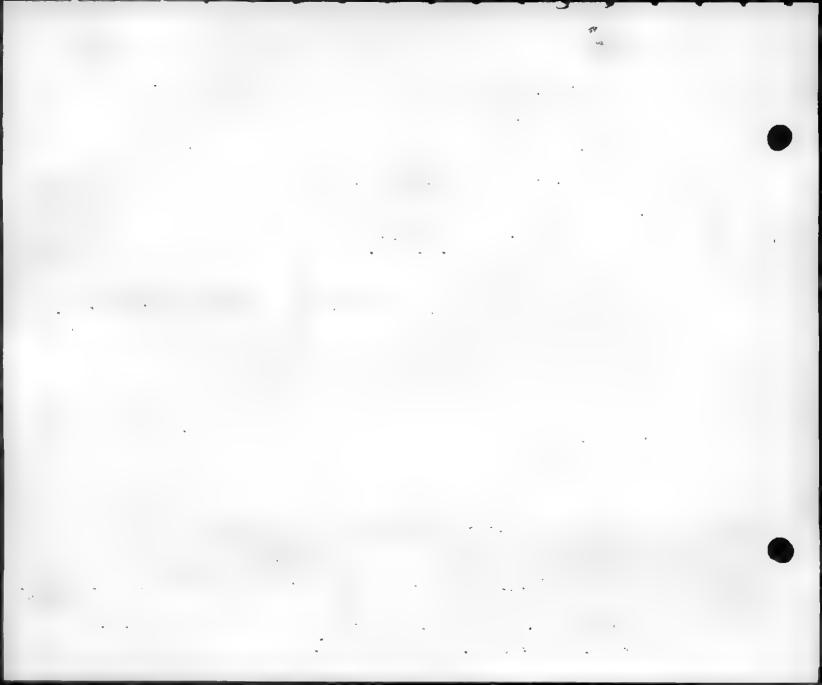


TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician are completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please many carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 2DM I/65

	MARYLAND STATE DEPARTMENT OF HEALTH	
	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET	BALTIMORE 1, MARYLAND
025 71	CERTIFICATE OF DEATH	02536

_	112572	CERTIFICATI	E OF DEATH	()	2536
1.	PLACE OF DEATH			Where deceased lived, If institution	on: Residence before admission)
	Montgomery	MARYLAND	a. STATE	b. COUNTY	gomeny
_	b. CITY OR TOWN (if outside corporate limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs	side corporate limits, write RU	
	write RURAL and give neafest town) Takoma fack	37/2 hrs.	alian a	Lean	1.1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in he		d. STREET ADDRESS	2	e. (S RESIDENCE
	16.4.1	11 1-1	[X Laco P	ON A FARM?
3.		* Hopelas		Druce North	YES NO Year
0,	DECEASED	Middle D	AHREN 14.	OF	
5.	CEY COULD DE DIOE	EDEDICK PI	8. DATE OF BIRTH	DEATH 2.	24 19 66 IDER 1 YEAR INFUNOER 24 HRS.
	MARKIED / MARKIED	THEYER MARKIED		last birthday) Mont	
10		40	3-19-81	84 yrs.	2 2 7 7 7 7 1 2 2 1 1 1 1 7
QIII	a. USUAL OCCUPATION (Give kind of work done) 10b. K ring most of working life eyen # retired) II	NDUSTRY POST Offic	11. BIRTHPLACE (County	& State, or fóreign country) 12	2. CITIZEN OF WHAT COUNTRY?
	CIERICa Head	11 S Gout	GERMAN		AMERICAN
13	. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME	
	AUGUST		7,01,0	CORDED	
1: (Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (es, no, or unknown) (If yes give war or dates of service)	SOCIAL SECURITYNO. 17.	INFORMANT	Address	tal Jakoma Pk
	No	Inknown Was	Heighton, Seride	arright of the figspi	tal, Md.
	18. CAUSE OF DEATH Enter only one cause per li	ine for (a), (b), and (c).]) /		INTERVAL BETWIEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Isocardial	Marches		36 26
	1/201 DUE TO	1 0		/ / .	
	Cenditions, if any, which (b)	Kleuscher	ter reart	disease	
	gave rise to immediate (cause (a), stating the DUE TO				
	underlying cause last. (c)				
NO.	PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIDU	JTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTDPSY
CERTIFICATION	Orst. sneumonia	- uren	and Track	intection	PERFORMED?
115		DESCRIBE HOW INJURY OCCU	RRED (Enter nature of Inju	iry in Part I or Part II of Item	L.J
CER	2Da. ACCIDENT WAS UNDERLYING 20b. DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
AS.		NJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
MEDICAL	Hour a.m. White p.m. 19 at work	Not While factor	ry, street, office bldg., etc.)		
Σ			/ 10/a 10/a	5 1 2 - 24 1	dala shat (1) from last
	21. I certify that (I) (this hospital) attended saw the deceased alive on 224		dooth occurred at 0130	M, from the causes and c	900, that (I) (wo) last
	228. SIGNATURE	and man	death occurred at-		DATE SIGNED
	Marrill C. Sun	iran 2 M.D.	ATTENDING MED.		
	22c. PHYSICIAN'S	The state of the s	22d. ADDRESS	GIOR L.J. FILES. L.J.	Jakoman
	NAME (Type) Morrill C. Quine	nan U	831 Unio	versity Blud.	Est. pt
23:	a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY 2	23d. LOCATION (City, town or	r county) (State)
	REMOVAL (Specify)	at Pinnely (Cenetary	Washington D	<
24	. FUNERAL DIRECTORY	8434 Dolles raia F	UP Z5ar RES'D P) () (ABBA GO).	RAR'S SIGNATURE
	Warner E. Pumphrey, Inc. 3	Silver Spring,	Md. DATE	8 1956	rely Judge
=			ONE	1 12	



DIVISION OF STATISTICAL RESEARCH AND R after death. funeral death PLACE OF OEATH a. COUNTY Pages Transports after of b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF S' TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pag should be filed with the State Dept. of Health prior to burial, cremation, or removal and thing event, within 72 hours homes A 0 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street WASHINGTO executad within NAME OF 3. Middle DECEASEO (Type or print) 6. COLOR OR RACE MARGARETE 7. MARRIEO **NEVER MARR** 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIOOWEO DIVOR 10b. KING OF BUSINESS INOUSTRY be RACTICA NU Nursing death certifimile FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMEO FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and The law raquires that the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. 260 Conditions, if any, which gave rise to Immediate OUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU PHYTICIAN: 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW IN MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED Hour a.m. While Not While p.m. 19 at work at work 21. I certify that (i) (this hospital) attended the deceased saw the deceased alive on 22a. SIGNATURE PHYSIC/AN'S NAME (Type) O BURIAL, CREMATION | 23b. 23a. DATE THEREOF 23c. NAME OF REMOVAL (Specify) **FUNERAL OIRECTOR**

MARYLAND STATE DEI RESEARCH AND RECORDS			T 1 MARYLAND
CERTIFICAT			02537
tem y radm wy/			ition: Residence before admission)
MARYLANO	S. STATE M.	ARY AND B. COUNTY	tgomery_
nits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN WE OU	tside corporate limits, write	RURAL and give neurest town)
3 WEEKS	SILVER S	SAPINOR	,
not in hospital, give street address)	d. STREET ADDRESS	PRINGS	e. IS RESIDENCE
tarium + Hass.	9116 George	2'A AUEL	ON A FARM?
Middle	Last	. DATE Month	Day Year
AR GARETE	PAlMER	DEATH FEBRUA	KY 15 1966
ARRIEO NEVER MARRIED	B. DATE OF BURTH JUST	9. AGE (in years IF	INDER 1 YEAR HELINGER 24 HRS
100WEO DIVORCEO	9000XXXXXXXX	4 4 68 yrs.	
10b. KINO OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (Coun	ty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Nursing	WEST U	RGINIA	AMFRICAN
	14. MOTHER'S MAIDEN	I NAME	
? 16, SOCIAL SECURITYNO. 17.	INFORMANT	KO64	
(c) 2/2-24-4002	anrumani /	Address 7/12-64	AN SMITH
	ospital (CHART 1 "552	WERENER PROPERTY
se per line for (a), (b), and (c).] ARTERIOSCLERO	TIC HEAR!	- DISEASE	ONSET AND OBATH
THO E COUNTED	THE MEATE	DIS-E//SE	- NNKNOWO
GENERALIZED	ARTERIOS	CLEROSIS	Years
		C- (/C	750
DIABETES	MELLTU	?	Years
ONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PAR	RT 1(a) 19. WAS AUTOPSY PERFORMEO?
			YES NO
20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of In	Jury In Part I or Part II of It	em 18.)
facto	CE OF INJURY (Home, farm ry, street, office bldg., etc.)	, 20f. (City or town)	(County) (State)
While Not While at work at work			
attended the deceased from		26, to 2/15	1946, that (I) (we) last
1) 66, and that	death occurred at 02		d on the date stated above.
A talle	ATTENOING ME	D. STAFF	2/16/6G
M.O	22d. ADORESS	ECTOR PHYS.	710106
H. POLLEN MD	10511-SUMMIT	AVE KENSIA	15TON Mal
EOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	or county) (State)
166 Machpelah D	DOOR	Weston West	l'irginia
rter 8434 Georgia A	verue 25a REC'O	BY REGISTRAR 256. REGI	STRAR'S SIGNATURE
nc. Silver Spring	Md. DATE	23 1966 Jelle	wells Judge.

VR 415 (4) 20M 1/65



and completely filled in by the funeral remove carbon papers. Pages 1 and 2 and 2 any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. JO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial director, page 3 should be detached for use as the burial-transit permit. Then obese should be filed with the State Dept. of Health prior to burial, cremation, or rem val and

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02573 CERTIFICATE OF DEATH
1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence befare admission)
MONTGOMETEY MARYLAND New York MIH b. COUNTY /1/01/1/1/1919
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RORAL and give pracest town)
write RURAL and give nearest town) SILVEIZ SPRING 3 days SILVEIZ SPRING
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 200 All 41
HOLY CROSS HOSPITAL-SUVERSPAND GIPLLIVILITINITINITINITINITY YES NO M
3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED
(Type or print) HELEN F PALMETER DEATH FEB 14 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
F WIDOWED DIVORCED 1-16-188 C 86 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of workdone lob. KIND OF BUSINESS OR during most of working life, even if retired) Industry 112. CITIZEN OF WHAT COUNTRY?
Housewife Own home New YORK USH
13. FATHER'S NAME
John H. Allyn Roda/Woodpard Rhoda Woodward
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 9306 Medicas of St.
No 0841816 069-03-9708 Mrs. Ruth Stoke Silver Spring, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEBROVASCULAR ACCIDENT 13 HIZS
33/X DUE TO .
Conditions, If any, which \ m ARTERIASCLIEROSIS \20412S
gave rise to immediate (cause (a), stating the DUE TO
underlying cause last. (c)
DEST I STIFF STATE OF THE STATE
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A UTOPS YEAR OF THE PERSONNET?
19. WAS AUDITED 19. WA
PERFORMED? YES NO 2 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PERFORMED? YES NO 2 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)

22a. SIGNATURE

PHYSICIAN'S NAME (Type)

ATTENDING PHYS. M.D. ADDRESS 11 Georgia, 22d.

MED. DIRECTOR STAFF PHYS. Maryland

BURIAL, CREMATION, REMOVAL (Soccify) 249 BATE THEREOF 23a.

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town or county)

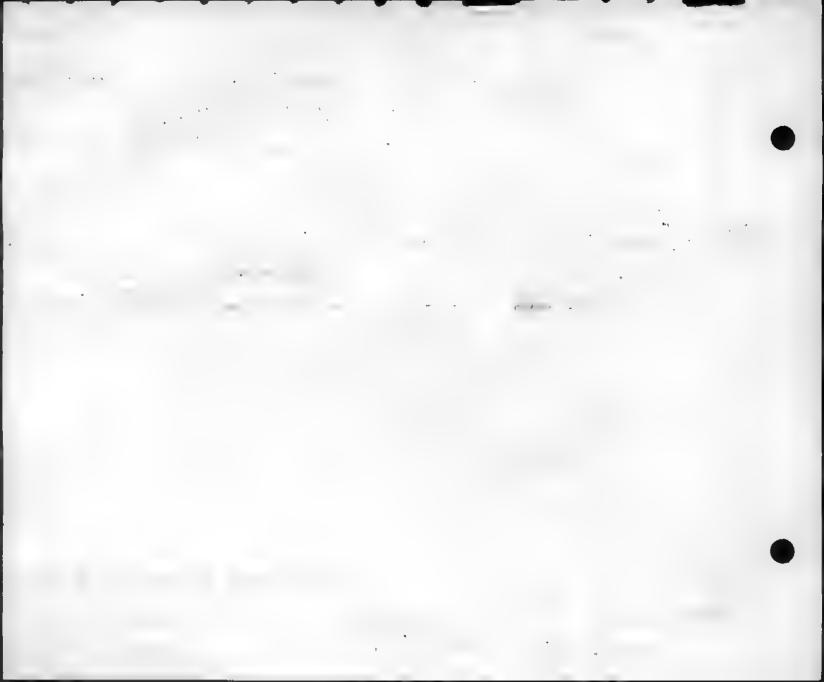
(State)

1966 Ser FUNERAL DIRECTOR

8434 Silv Hvenue G. Maryland

25a. REC

VR AI5 (4) 20M 1/65



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate De Executed within 24 hours after death. Page 4 may be retained by the Dospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician applicable filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please tensove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after health. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

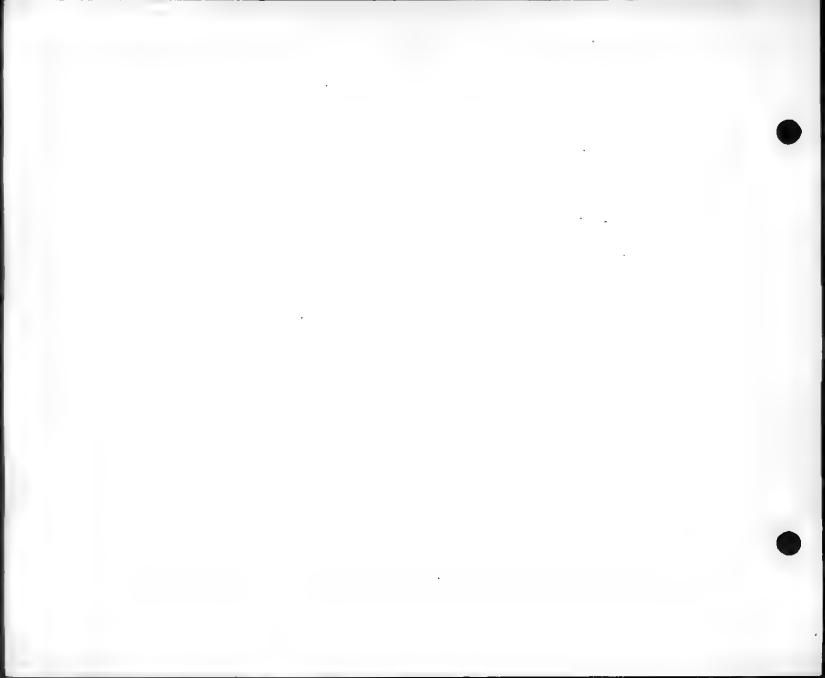
11 2. USUAL RESIDENCE (Where deceased lived, 15 institution: Residence before

		02574 CERTIFICAT	E OF DEATH 02539
ı	1.	PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 9. STATE b. COUNTY A
١	_	MARYLAND MARYLAND	8. STATE MD. B. COUNTY MONTGOMY
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. City Or TOWN (If outside corporate limits, write RURAL end give nearest town)
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	SILUCE SPFING 1:-1
ą	1	3ETHESDA-SILVERSORING No.14.	d. STREET ADDRESS 8508 16+457 APT. \$\frac{404}{yes} \text{NOM}
1	3.	NAME OF First Middle	Last 4. DATE Month Day Year
I		OECEASED (Type or print) ABRAHAM N.	PARSON DEATH FLB. 11, 1966
1	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR FUNDER 24 HRS.
١		MIDOWED □ DIVORCED □	A.R. 21, 1888 77 yrs. Months Days Hours Min.
ı	10a dur	a. USUAL OCCUPATION (Give kind of work done Industry INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ı	<u>C.,</u>	ICANIA 9 BUSINESS	Russilf USA
	13.	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ı	1.5	Nota E. Parson	unk.
j	()(6. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. es, no, or unkown) (If yes give war or dates of service)	INFORMANT Address 1000 GREENLEAF Rd
	ON THE PROPERTY OF STREET FREGUET AND		
		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	1 Interval Between ONSET AND DEATH
1		IMMEDIATE CAUSE (a) Carcineme of	Stomach c'helastasea over 6 mo.
1		DUE TO	
1		Conditions, if any, which gave rise to immediate (b)	
1		cause (a), stating the DUE TO	
1	8	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REI	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
3	CERTIFICATION	The state of the s	PERFORMED?
	RIF	2D2. ACCIDENT WAS UNDERLYING 2D5. DESCRIBE HOW INJURY OCCOR CONTRIBUTING 2CAUSE OF DEATH	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
1	MEDICAL	fact	ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) ory, street, office bidg., etc.)
	MED	Hour a.m. While Not While p.m. 19 at work at work	O -
		21. I certify that (I) (this hospital) attended the deceased from	une, 1942, to 706/1, 1966, that (1) (we) last
			at death occurred at 224M, from the causes and on the date stated above.
		22a. SIGNATURE	ATTENDING MED. STAFF 7
		22c, PHYSICIAN'S 1	D. PHYS. DIRECTOR PHYS. 146/1/966
		NAME (Type) LOUIS H. Shuman, M. O.	1635 Mass are hu. wash 4 C 20036_
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)	1
		Burial 2/13/66 Mt. Lebanor	
		I. FUNERAL DIRECTOR ADDRESS	
	E	B. DANZANSKY & SONS 3501 14th St.	NW DATE EB 1 1 1996 11 27 les Judge

VR A15 (4)



1		I	tems 18&21 Film G3 Division of STATIST	74 3/MAKTEANED TAL RESEARCH AND RECO	RDS, 301 W. PRESTON STR	EALTH EET, BALTIMORE, MARYLA	ND 21201
FOR ST	TATE		02575	MEDICAL EXAMI	NER'S CERTIFICATE ()F DEATH	02540
HEALTH	DEPT.		PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased ved, if institution	n Residence befare admission)
any delay is 2, and 3 ta n PM3. Page	to e	-	to county	A.M.	RYLAND 70. STATE	b. COUNTY	
delay and 3 f3. Pag	eat		CITY OR TOWN of outside carparate imits.	c LENGTH OF STAY	110000000	2rcl monk utside carparate limits write RURAI	
del and	i d		wr te RURAL and give negrest town		7.00		and give redicts town,
P. 2. 3	Department af rs after death.	-	aboma Park		apon	a Jario.	/ / // Breinriver
= E	Deg rs		I NAME OF HOSP TAL OR INSTITUT ON (IF not	n hospital, give street address)	d STREET ADDRESS	n' 0	e IS RESIDENCE ON A FARM?
fiter death 1f of Give Pages 1, and form	ate De haurs	u	Jack San + H	Pollal	500 Ju	pare	YES NO Z
Pag H	the Ste	3	NAME OF Fire	Middle	Lost	A. DATE Month	Day Year
after death S. Give Page along with f	₩.⊑		Type or print) Doura	b Miller	Harsons	DEATH	22 1966
1 5 g	within #	5		MARRIED NEVER MARRI	ED 8 DATE OF BIRTH		Months Days Hours Min
S		13	emple White	WIDOWED DIVORC	10 0 1-27-85	Yrs Yrs	months Days Hoors Min
haurs Item 18 Office	and		USUAL OCCUPAT Of Give kind of work done	IDE KIND OF BUSINESS OR	11 BIRTHPLACE (State	ar fareigh cauntry)	2 CT.ZEN OF WHAT
		dur	ng most of work notifie, even first red)	NDUSTRY	Lunn	al	COUNTRY 27/5A
ner in	pages in any	13.	FAMPIER'S NAME ()		14 MOTHERS MAIDEN		-/
within pencil xaminel	6. E		work! Thillan		Flind	H Shayas	17/11/2
ج تة ج ي ت ج	and	15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO	17 INFORMANT	Address	- Humer.
	ansit permit. ar remaval,	146	s, no, or (nknown) (If yes give war or dates of	ervice)	m. D. H.	JA 500-	Julipaka 100)
e execute pending" ef Medica	ma,	H	10 CAMER OF DEATH (February		VINS JULIA JARA	une John	WE DEED OF THE
be en pen	Si.		18 CAUSE OF DEATH (Enter only one cous PART I. DEATH WAS CAUSED BY.		1 - 001 1		INTERVAL BETWEEN ONSET AND DEATH
GH, Pa			IMMEDIATE CAUSE (nary insufficie	ncy;	
aulk vor	a burial-tr crematian,		Conditions, Fany, which gove)	Arterioscle	erotic heart di	SAR SA	
S S S S S S S S S S S S S S S S S S S	nat mat		rise to immediate cause (a)]	TOUTO HEAT O AT		
d t	5 E		stoting the underlying cause DUE				
sertificate shauld writing the word warded to the Ch	SD		last.			<u> </u>	
wri	used as burial, o	8	PART II OTHER SIGNIFICANT CONDITIONS CO	TRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE CO	NDITION GIVEN N PART 1(a)	19 WAS AUTOPSY PERFORMED?
	1 p	CATHON					YES NO
4		CERT F	2Do EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐	20b DESCRIBE HOW INJURY	OCCURRED (Enter nature of injury in	Part I or Part II of tem 18)	
EXAMINER: tute the certing of a should	ites. shauld it, priar	9	CAUSE OF DEATH.				
_ _ = ± =	- CO	MEDICAL	2Dc TIME OF INJURY Month, Day, Year	2Dd INJURY OCCURRED	2De PLACE OF NJURY (Hame, farr		(County) (State)
A #	ag ag	WE	Hour a.m.	While Not While at work	factory, street, affice bldg., etc.		
AL EXA execute ir. Page	2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		21. I certify that I took charge		bave held an Autonsy	Inspection Inquir	y ond in my opinion
AL EXE	ained tar y I RECTOR: Po designated			couses Accident	Suicide . Hamicide		
Se st	SEC esig			7/	CH EF MED CAL	<u> </u>	
MEC.			ACTUAL CONTRACTOR	1.00	6	DICAL EXAMINER	22. DATE SIGNED
★ %	B Z 5 2		SIGNATURE / Second		M.D ASS STANT MEL	AL CAMINED X	0 - 1011
PU Sor	may be retained for your FUNERAL DIRECTOR: Page calth or its designated age		EXAMINER'S DELDEN	K. KEAH	M. W. Address Street	Hit Town or county) IL	M. 22, 1766
		230	BUR AL, CREMATION, 236. DATE THE	OF 23 NAME OF RE	METERY OR CREMATORY	23d LOCATION (City of Town	(Stpte)
0 = ± 1	^ 2 [±]		REMOVAL (Specify)	9/1/ travers	ed Downtons	- Euget Jan	162 7. 1
		24	SUNERAL DIRECTOR	ADDRESS)	250 REC	D BY REGISTRAR 25b REGI	STRAR S SIGNATURE
VR A	A 15ME (5) M 1/66	1	(Author) Northan	AST GRAZELL	DATE	25 1956	will Curio
.07	17.00	11	WARRED PHILLIPS	Medailala	TAL DATE D	HU WYY A-	



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

)		02570		-		CERTII	FICAT	E OF DEATH	,	(0254	1
	1. PL	1. PLACE OF DEATH						2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)				
	0.	COUNTY	omery *			MAR	YLAND	o. STATE Washington, D. C. OUNTY				
	b.	CITY OR TOWN (f outside corporate	Jimits,		C. LENGTH OF STAY	1N Ib	c. CITY OR TOWN (If ou	itside corporate limits, writ	e RURAL and give	nearest town)
	I	Bethesda	give negrest lown)		8 hours					1.	
			AL OR INSTITUTION		aspit al , g	give street address)		d. STREET ADDRESS			e IS R	ESIDENCE A FARM?
1.		U.S.N	aval Hos	pital				15 Sextant	Green s.	W.	YES [NO X
		AME OF ECEASED		First		Middle		Last	4. DATE OF	Month	4	Year
	(1	ype or print)	Baby		у]	Pears		DEATH Februs		· ·	1966
	S. SE	_	6. COLOR OR RAC		ARRIED	NEVER MARRIE		8. DATE OF BIRTH	9. AGE (In year		Days Hou	DER 24 HRS
	Ma	ale	Caucasia	an w	DOWED	DIVORCE	D 🔲	19 Feb. 196		yrs .	. 8	
		uSUAL OCCUPATION g most of working	(Give kind af wark life, even if retired)	dane		ND OF BUSINESS OR Dustry		11 BIRTHPLACE (County Montgomery	& Stote, or foreign country) Maryla:	12. (1)	TIZEN OF WHAT UNTRY? A.	
	13. F	FATHER'S NAME						14. MOTHER'S MAIDEN	NAME			
	F	Ronald K	. Pearson	n				Ione Marie	Baston			
	1S. 1	WAS DECEASED EVE	R IN U.S ARMED FOR	RCES?	16	SOCIAL SECURITY NO.	17.	INFORMANT	15 Se	Addent G	reen	
	(Yes,	no ar unknawn) NO	(If yes give war ar d	lates of servi	(8)	NA	Roz	nald K. Pear	son S. W.	Washin	gton.	D. C.
	5	Canditions, if any, rise to immediat stating the under last	e cause (a), (lying cause	DUE TO (b) DUE TO (c)	PITING 1	O DEATH DIST NOT DE	LATED TO	THE TERMINAL DISEASE CO	UPITIFAL CIVEN IN DART I	al	19. WAS A	HITOPSY
	CATION	PART II OTHER 31	SHIFICART COMPTITE	ons <u>contra</u>	outino i	DO DIAIN BUT NOT KE	DATED TO	THE TERMINAL DISEASE CO.	TUITON GITTIN IN FACT TO	u,	PERFO YES [X	RMED?
	E I		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER))	205. DE	SCRIBE HOW INJURY O	OCCURRED.	(Enter nature of injury in	Part I or Part II of Item 1	B.)		
	MEDICA	20c. TIME OF INJU Hour o.n		eor 19	20d II While ot war			ACE OF INJURY (Hame, farm tory, street, affice bldg , etc.)		m) (Co	unty)	(State)
			ly that (<u>}}</u> (this eceased alive a			ded the deceased	fram_ and the	Feb. 19 , 1 at death accurred at	9 <u>66, ta_Feb.</u> 2:00 M, fram cau			
		220. SIGNATURE	N. J.	0		. /		.D PHYS.	MED. STAFF DIRECTOR PHYS.	22b. D.	ATE SIGNED 21, 1	
1		22c. PHYSICIAN S NAME (Type)	R. F.	Swang	r L	T MC USN		22d. ADDRESS	al Hospital			
		BURIAL, CREMATIC REMOVAL (Specify BUT 181	da-	4	2	Arlington		CREMATORY tional Cemet	23d. LOCATION (Gry ery Arling		(County) Virgin	(State)
	24.	FUNERAL DIRECTO	Simmons	Brot	hers	Function				b. REGISTRAR'S S		
						Washingto		. C. DATEFE	B 2 3 1956	Milian	Ear Jud	ge.

Washington.

1956

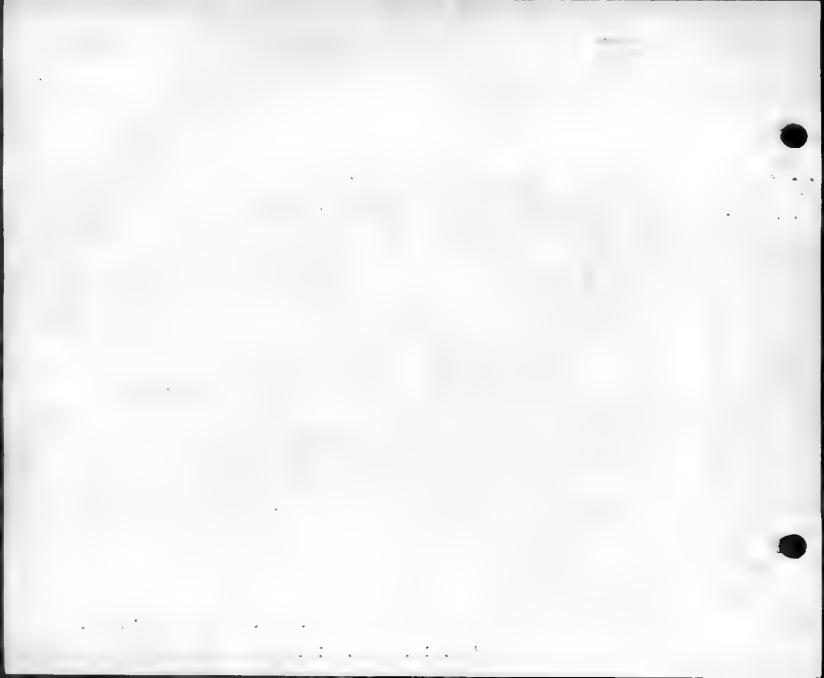
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and form ately filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove labon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66

Goodhope Road, S. E.



1-14	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH () 2549
HEALTH DEPT	1. PLACE OF DEATH . 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
	a. STATE b. COUNTY
the party	b., CITY OR TOWN (If outside corporate/limits, c. LENGTH OF STAY IN 1b c. CITY OR LOWN (If outside corporate limits, write RUSAL and give nearest town)
func func may artm artm	Silver Spring,
o the funeral of the funeral e 5 may be Department after death.	d. NAME OF HOSPITAL OR INSTITUTION IT not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Page State hours	8711 Leonard Drive 8711 Leonard Dr. YES NO ET
any delay 15. 2, and 3 to PM3. Page the State Din 72 hours at	3. NAME OF First Middle Last 4. DATE Month Day Year OF DECEASED A. DATE OF DECEASED A.
PM PM	(Type or print) LAWISO- MILO FEATSON, DEATH 2 7 196 4
Ses. II	A
tage #	10a USIJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 RETHPLACE (State or foreign country) 12, CITIZEN DF WHAT
Give Give 1 and y even	SECRETARY-Information Secretary Connecticut
ours after 18. Glass along pages 1 in any	13. FATHER'S NAME
14 hour learn of the part of t	George H. Pearson Margoret D. Conway
24 in 14 Off i, an	15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Hyes pive war or dates of service)
within 2 penc:1 in miner's O permit. I	1.18 CANSE DE DEATH EFFICE ONLY ONE CAUSE DEFLINE FOR (8) (b) and (c) 3
n pe amiliami	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary insufficiency
ansi o tu	14 CO DUE TO
e exe indin idica ial-tr natio	Conditions, if any, which Coronary artery heart disease
uid be executed "pending" in I "pending" in Medical Exan a burial-transit cremation, or	gave rise to immediate cause (a), stating the DUE TO
shoul vord Chief as a rial,	underlying cause last. (c) (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN PART 1(a) 19. WAS AUTOPSY
ficate shoul the word of the Chiel used as a to burial,	PERFORMEO? YES NO
ntific ng t to be u or to	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN PART 1(a) PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN PART 1(a) PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.
s ce vritin rded uld pri	
EXAMINER: This certificate should be executed within 24 hours after death. If a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, hould be forwarded to the Chief Medical Examiner's Office along with form fees. R: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with signated agent, prior to burial, cremation, or removal, and in any event within	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) While Not While at work et work
NER Iffical be f	
the certificate certificate the certificate that should be to the certificate that the certif	21. I certify that I took charge of the remains described above, held an Autopsy X, inspection X, Inquiry X, and in my opinion
AL EXAMI the cert should should files. TTOR: Pa designat	death resulted from: Natural causes Accident , Suicide , Homicide , Unidetermined manner
MEDIEA ecute t Page 4 or your DIREC or its d	ACTUAL SIGNATURE / blden K. LOGO M.D. ASSISTANT MEDICAL EXAMINER (22. DATE SIGNED
Y MEDIN execute Page I for you I'AL DIRE	CDEPUTY MEDICAL PRAMINER X + 1 9 966
DEPUTY MEDISAL EXPlease execute the crector. Page 4 shour stained for your files. FUNERAL DIRECTOR: I Health or its design	RAMINER'S BELDEN , FOR MID Address (Street, city, town, or county) 230 RIBINAL CREMATION (230 DATE THEREOF L230 NAME OF CEMETERY OR CREMATORY L23d, LOCATION (City, town or county) (State)
o DEPUTY please ex director. retained O FUNERA of Health	REMOVAL (Specify)
1 1	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
VR A15ME	Joseph Gawler's Sons Ave. 15130 Wisg. C. of EB 16 1956 Tharles Judge
3500 4-64	



1.

CERTIFICATION

SA

ğ

35 01

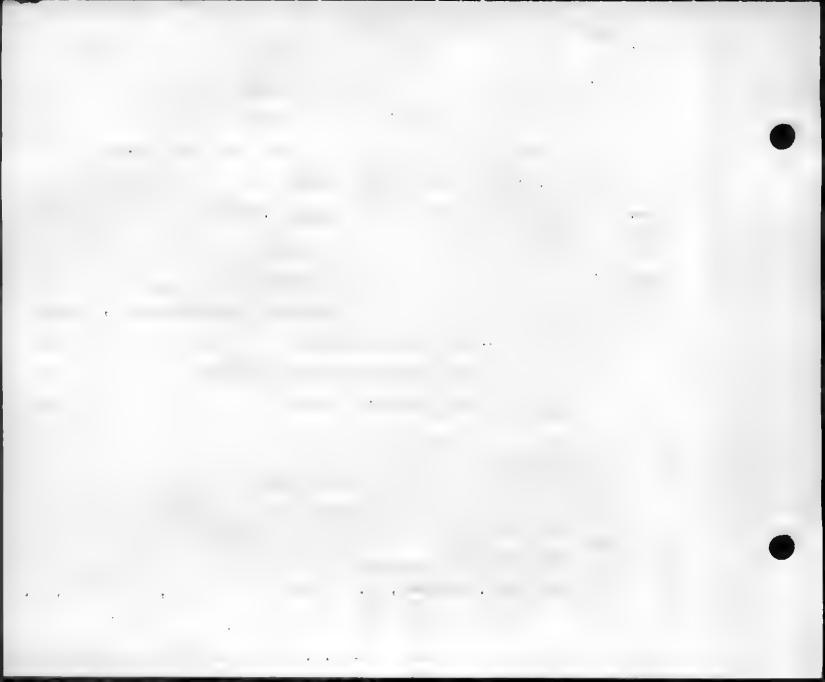
SONS

14th

St.

DATE

VR A15 (4) 15M 4-64



e 1, MARYLAND 12544 utton: Residence before admission V/Comce
VICEMER 4
VICEMER 4
AL and give nearest lown
AL and give nearest lown
, is prespected
, is property
 IS RESIDENCE
ON A FARM?
YES NO
,
3 1966
NDER TYEAR IF UNDER 24 HRS.
2. CITIZEN OF WHAT COUNTRY
0,5H
BRICE Rond
I INTERVAL BETWEEN
ONSET AND DEATH
-
N PART I(a) 19. WAS AUTOPSY
PERFORMED?
YES NO
100
(County) (Stata)
., 1944, that (I) (we) la
on the date stated above.
22b. DATE SIGNE
SIGNE
vsing lan Md
county) (Stale)
Q
AR'S SIGNATURE
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral 24 hours after death and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY by the fu Pages 1 urs after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If dutside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b ve carbon papers. Pag event, within 72 hours. 20 ensingtor completely filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS executed within NAME OF DATE First Month Middle Last OF DEATH DECEASED (Type or print) e remove of 8. AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 6. COLOR OR RACE ØF BIRTH **NEVER MARRIED** 7. MARRIED hirthday) WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then phase should be flied with the State Dept. of Health prior to burial, cremation, or removal, and in during most of working life, even if retired) The law mquires that the death certificate to INDUSTRY iNIST 13. FATHER'S NAME MOTHER'S MAIDEN NAME Michael Petry Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 6320 16. SOCIAL SECURITY NO. (Yes, no, or unkown) ((If yes give war or dates of service) 275-10-8557 C.A. Petry - Millwood Read Bethesda. d. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY: TO HOSPITAL OR ATTENDING PHYSICIAN: The law mquires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) **446** A DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last, (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 202. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 9:24M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE ATTENDING PHYS. MED M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Kensington, Md. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Pur-Transit 2/28/66 Dade Memorial Park Opalocka. **ADDRESS** 25a. REC'D BY REGISTRAR FUNERAL DIRECTOR Fumeral Home-1331 Rockville Pike

Rockville Md

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 15M 4-64

Florida 25b. REGISTRAR'S SIGNATURE 1956

e. IS RESIDENCE

ON A FARM? YES

Year

Hours

INTERVAL BETWEEN ONSET AND REATH

WAS AUTOPSY

NO X

(State)

(State)

PERFORMED?

YES [

19 Le that (I) (we) last

(County)

22b. DATE SIGNED

19 66

Day

25

Days

12.

CITIZEN OF WHAT

No X



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased eved, if institution. Residence before admission a COUNTY b COUNTY Page d. death, MARYLAND b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (flourside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) 16 Morths Washington Kensington d NAME OF HOSPITAL OR INSTITUTION (finat in hospital, give street address) d STREET ADDRESS haurs farm State [Give Pages 24 hours after death ang with 4 DATE OF DEATH 3 NAME OF First Midd e DECEASED Edward the (Type or print) S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATELOF 9 AGE (In years ast birthdoy) WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CT ZEN OF WHAT 11. BIRTHPLACE (State or foreign country) during mast of warking life, even if retired)
Real Estate INDUSTRY South Carolina dny rd "pending" in pencil in Chief Medical Examiner's pages in any 13. FATHER'S NAME be executed within Virginia. Hickson 16 SOCIAL SECURITY NO 17 INFORMANT Same as Item 2. (Yes, no asymptown) (If yes give war or dates of service) 578-50-1497 remayal, F.M.Hoffheins 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY. Bronghial -Pizeumenia-10 IMMED ATE CAUSE (a) __ certificate shauld crematian, DUF TO Frecture of Lest Hip-2/0245 (and tions if any, which gave rise to immediate couse (a), farwarded ta DUE TO stating the underlying couse Generalized Arterio Sclerosis -PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPS PERFORMED? 10 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH prior 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part 1 of item 18) shauld its designated agent, 20c TIME OF INJURY Manth Day, Year 20e PLACE OF NURY (Hame, farm (City or town) (Caunty) (Stote) factory street, affice bldg , etc.) Nat While may be retained for your FUNERAL DIRECTOR: Page Kensington Mont. MI at wark NUTSING HOME -Page at wark 21 I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry X. and in my opinion the funeral director. death resulted fram Natural causes , Accident X. Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY TO FUNERAL Health or it DEPUTY MED CAL EXAMINER **EXAMINER'S** JOHN G. BALL Bethesda, Md. NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 23g BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Burial (Specify) 2-24-66 Cedar Hill Cemetery Suitland, Maryland 24 FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE PUMPHREY VR ATEME (5) Bethesda, Maryland



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE funeral shoutd PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edinusion) e. COUNTY b. COUNTY Montaomeru \$ 7 £ MARYLAND and deat b. CITY OR TOWN (if outside corporate limits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 24 Betherda 9months Washinaton Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS IS RESIDENCE ON A FARM? Western Ave. N.W ongressional Manor Sanitarium YES NO 1 completely papers. 3. NAME OF 4. DATE Day Month Year DECEASED OF (Type or print) DEATH within reb. 1966 carbon 5. SEX AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED and lest birthday) Days Months Hours Min. WIDOWED remale DIVORCED certificate 0 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housemile Naryland

14. MOTHER'S MAIDEN NAME attending pl 13. FATHER'S NAME .⊑ Arthur Broaden Mary Mercer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT removal, (Yes, no, or unkown) (Ifyesgivewarordatesofservice) Frank Pinney. 6345 Western Ave. N.W. the permit. 1B. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ŝ ONSET AND DEATH ö PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) cremation, burial-transit DUE TO Pak Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? CERTIFICATION 92 0 YES NO X USB prior 20a. ACCIDENT WAS UNDERLYING DE CONTRIBUTING DE CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Itam 18.) P Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached After WEMICAL ATTENDING 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, 1 20f., (City or town) (County) (Stota) factory, street, office bldg., etc.) Not While Hour a.m. ō at work at work DIRECTOR: 3 should be de 19.55 to Feb 21. I certify that (I) (this baselie) attended the deceased from. 19.64., and that death occurred at !! M, from the causes and on the date stated above saw the deceased alive on. 22a SIGNATURE DATE ATTENDING SIGNED PHYS. DIRECTOR M.D. HOSPITAL FUNERAL with # 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, 23. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county REMOVAL (Specify) Arlington Burlal Arlington. Virginia 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE HELLED FILLS VR A15 (4) Rockville. Maryland DATE 20M 5-63

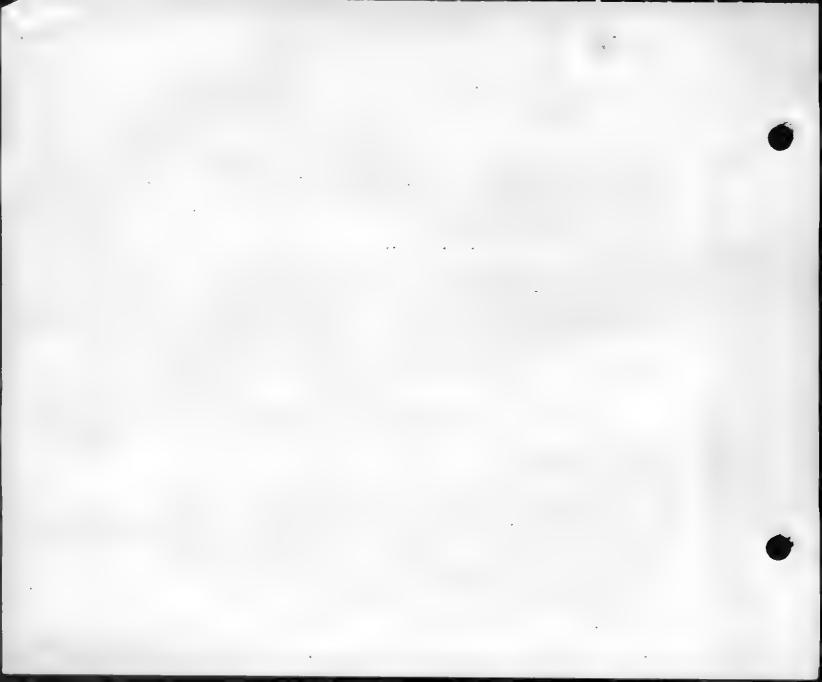
ARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02583 CERTIFICATE OF DEATH funeral s 1 and 2 fre death. be executed within 24 haurs after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) COUNTY MARYLAND lease remave carban papers. Pages 1 and in any event, within 72 haurs after CTY OR TOWN (If autside conservte hmits, write RURAL and give nearest tawn) c CITY OR TOWN (If outs de corporate limits, write RURAL and give LENGTH OF STAY IN 16 nearest town) 3000 = d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET AODRESS fisled NO NAME OF Midd18 4. DATE Yeor DECEASED OF DEATH 19(26) (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS AGE (n years DATE OF BIRTH Jost birthday) Manths Hours Days DIVORCED 10a USUAL OCCUPATION (Give kind of work done TOB. KIND OF BUSINESS OR 11 BIRTHP_ACE (County & State or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired)

Book Keeper please INDUSTRY Thiladelphia 13. FATHER'S NAME burial, cremation, ar remaval, attending phys 16 SOCIAL SECURITY NO. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (Yes, na, ar unknown) (If yes give war ar dates of service) 1053 Raymond M. Pirie 3000 INTERVAL BETWEEN CAUSE OF DEATH (Enter anily one cause per line for (a), (b), and (c),) the burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH Pulmonary congestion and edema IMMEDIATE CAUSE (c) þ Page 4 may be retained by the haspital ar attending physician. signed l DUE TO chronic pyelonephritis Canditions, if any, which gave nse to immediate cause (a), DUE TO stating the underlying cause be detached far use as the State Dept. af Health priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? TO FUNERAL DIRECTOR: After this certificate has YES T NO 20g ACCIDENT WAS UNDERLYING 20b OESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) (County) Hour a.m. factory, street, affice bldg., etc.) Nat While 21. I certify that (1) (this hospital) affended the deceased fram_ 1966, that (1) (we) last directar, page 3 should should be filed with the 2 2 19.66, and that death accurred at 2 3 4 M, from causes and on the date stated above saw the deceased alive on 22a, SIGNATURE 22b. DATE SIGNEO **ATTENDING** M.D. PHYS **OIRECTOR** 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 230 BURIAL, CREMATION, 23b. DATE THEREOF 23e NAME OF CEMETERY OR CREMATORY (County 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



	21.	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ,
	E =0.40 1	32584 CERTIFICATE OF DEATH
and the same	death,	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 3. COUNTY 4. STATE 5. COUNTY 6. COUNTY 7. COUNTY 7. COUNTY 8. STATE 8. COUNTY 9. C
	e fu	Montgomery Maryland Montgomery
	hours after d in by the fi rs. Pages 1 thours after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
	Sur b	Silver Spring Silver Spring /6 /
	t hed bers. 72 h	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	Pape Hin 7	1218 Dale Drive 1218 Dale Drive YES NO TX
	uted within 24 hour completely filled in ove carbon papers. y event, within 72 ho	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF
	d w mpl car ent,	(Type or print) Pauline C. Plaskett DEATH Feb. 19 19 66
	and col	last birthdayi Months Days Hours Min,
	and and and and	Female White WIDOWED DIVORCED Sept.1,1881 84 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
	eg eg e	during most of working life, even if retired) INDUSTRY COUNTRY?
	physician physician in please wal, and in	Retired U. S. Govt. Virginia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	certificat iding phy Then p removal,	
	cerindin Treb	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	nat the death certificate be executed within sian. ed by the attending physician and completely fransit permit. Then please remove carbon cremation, or removal, and an any event, with	(Yes, no, or unknown) (If yes give war or dates of service) No Rosemary Louft Same as #2
		1 18 PAINES OF DEATH CENter and one cause par line fox (a) (b) and (c) 3
	requires that the ding physician. been signed by the burnal-transit or to burlal, crems	PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a) Court coronair Circumbrais coronair Coronai
	that sicia med med al-tra	4 1 DUE TO " - entitle close to .
	phys sig nuris	Conditions, if any, which \ (m) con. Mineratorial (angle prosection of 1).
	ing ing ing he t	gave rise to immediate cause (a), stating the DUE TO
	w reend	underlying cause last. (c)
	PHYSICIAN: The law requires that the the hospital or attending physician. This certificate has been signed by the detached for use as the burnal-transit e Dept. of Health prior to burlal, cremate	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	ICIAN: The la hospital or att certificate h ched for use of, of Health p	YES NO D
	the hospital this certific detached for e Dept. of H	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	HYSICI ne hos this ce etache Dept.	
	te et te et te et te et et et et et et e	Hour a.m. While Not While factory, street, office bidg., etc.)
	DING PI ed by th Affer t d be de e State	
	ould the	21. I certify that (IV (this hospital) attended the deceased from 1900, and that death occurred at 700 M, from the causes and on the date stated above.
-	OR ATTENDIN y be retained by DIRECTOR: Aft age 3 should by sled with the St	22a. SIGNATURE 22b. DATE SIGNED
		M.D. ATTENDING MED. STAFF DIRECTOR DIRE
	TAL MAS	22c. PHYSICIAN'S NAME (Type) D.C. Francist H. Danners
	Page 4 may Page 4 may FUNERAL I director, pag	De. Ernest narmon 9301 Colesville, Rd, Silver Sp., 110
	Page 4 may page 4 may TO FUNERAL director, pa should be fil	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
		Cremation 2/19/66 Lee's Crematory Washington DC 24. FUNERAL DIRECTOR ADDRESS 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	VR A15 (4)	
	15M 4-64	J. Wm. Lees Sons 300 4th St., NE, Wash. DOME B 21 1966 Millianles Judge

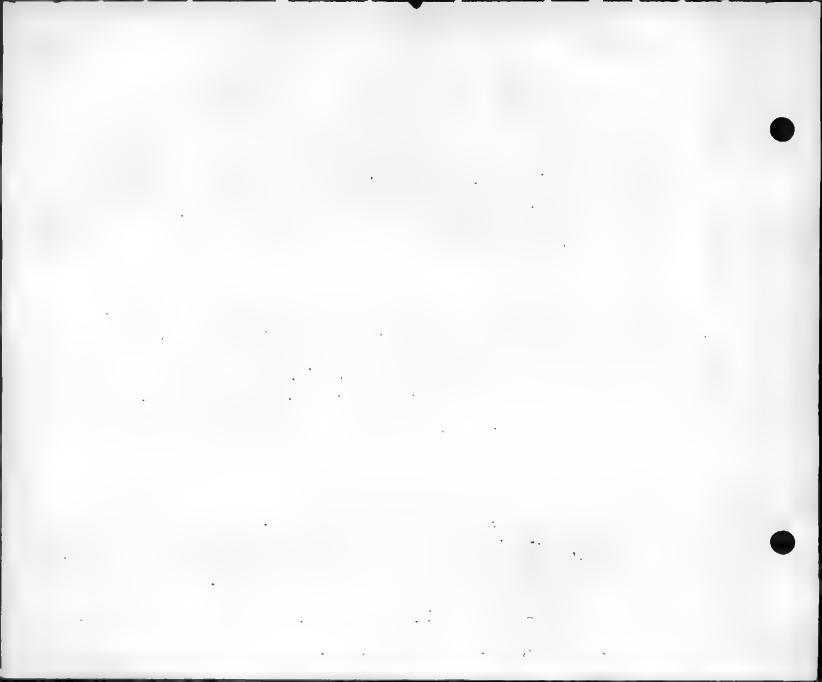


THE FUNERAL DIRECTUR. After this certificate has been signed by the attending puysician and completely filled in by the funeral director, page 3 should be detained for use as the burial-transit permit. Then please regions carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in a event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retrined by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	<u>したうさ</u> う CERTIFICAT	IE OF DEATH	02550
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Resi	dence before admission)
	a. COUNTY MONTGOMERY MARYLAND	a. STATE D. COUNTY Mon	+-nmpry
	b. CITY OR TOWN (if gutside corporate/limits. C. FNGTH OF STAY IN 1b		d give nearest town)
	write RURAL and give nearest towy()		- /
_	TAKOMA PARK 10 days + 8 hrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address		l e. IS RESIDENCE
f		1	ON A FARM?
	MASHINGTON SANITARIUM AND HOSPITAL		YES NO X
3.	DECEACED	Last 4. DATE Month	Oay Year
_	(Type or print) RICHARD IMAROLD	PORSCH DEATH FEBRUARY	5 19 66
5.	6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO	8. OATE OF BIRTH 9. AGE (In years IF UNDER LY last birthday) Months Day	YEAR IF UNDER 24 HRS.
N	TALE WHITE WIDOWED OIVORCED	2-6-26 39 yrs. Months	1,001.0
l0a fur	USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR INOUSTRY INOUSTRY	COUL	ZEN OF WHAT NTRY?
4	iPT SITE PLANNER VIS GOVERNMENT	Erie PENNA.	USA
	FÄTHER'S NAME	14. MOTHER'S MAIDEN NAME	
	WILLIAM E. PORSCH	ELEANORE BUQUO	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17.	INFORMANT Address	<i>C</i>
(Te	s, no, or unknown) (If yes give war or dates of service) 210-18-6193	Hasa THU REELER BLA BOOK SIGNELSON	Street
ī	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
-	TARE L DESERVA CALLERS BY	Alm Cardina Devert	ONSET AND OEATH
- 1	IMMEDIATE CAUSE (a) Water H1124 AS FIRE	THION COLCURS CITEST	
	Conditions, If any, which	uncarribal intantion	BOLTUR
-1	gave rise to immediate	900000000000000000000000000000000000000	
- 1	cause (a), stating the OUE TO	INCIONIDI DREVINICIU	21Nover
ا ء		LATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
2	WART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RE	LATEO TO THE TERMINAL DISEASE CONDITION WITH THAT I(a)	PERFORMEO?
2	Variotonical Chipping of	Succionis 1/1/66	YES NO D
Ē	208. ACCIDENT WAS UNDERWING 208. DESCRIBE HOW PURIFY OCCUPANTIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURREO. (Enter nature of injury in Part I or Part II of Item 18.)	
5			
S	fan	ACE OF INJURY (Home, farm, 20f. (City or town) (Count tory, street, office bidg., etc.)	y) (State)
밁	P.m. 19 While Not While	/	
	21. I certify that (1) (this hospital) attended the deceased from	126 1966, to 2/3 1966	that (I) (we) last
		at death occurred at IT M, from the causes and on the	date stated above.
	22a. SIGNATURE	1 22b DAT	E SIGNED
	7984 1 1030 M	.o. PHYS. MEO. STAFF PHYS.	5/66
	22c, PHYSICIAN'S NAME (Type)	22d. ADORESS 1015 71111454	rt i
	John 1. WOHL	Silver Spring du	67.
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	RY OR CREMATORY 23d. LOCATION (CIty, town or count	ty) (State)
	runal (Specify) 2-9-66 (edor Grove (emetery Chambersburg, Penn	ai a
24	FUNERAL OIRECTOR ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
111	forestationes 81/34 regraia	"Rive LEEB 9 1966 " worker	Judge

VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21203 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission o. COUNTY o. STATE b. COUNTY Poge Deportment of b. CITY OR TOWN (If oulside corporate) LENGTH OF STAY IN 16 C CITY OR write RJRAL and give nearest town) d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS hours along with farm Give Poges Stote | This certificate should be executed within 24 hours ofter death NAME OF Middle DATE ıthın 72 DECEASED OF DEATH (Type or print) 7 MARRIED NEVER MARRIED AGE (In years IF UNDER I YEAR F UNDER 24 HRS birthdoy) in Item 18. Months Doys HOUR WIDOWED X DIVORCED Office o KIND OF BUSINESS OR 10Ь 12 CT ZEN OF WHAT most of work ng life, even fret red) NDUSTRY e, writing the ward "pending" in penal in forwarded to the Chief Medical Exominer's 155 13. FATHER S NAME 14 MOTHER S MA DEN NAME WAS DECEASED EVER NUS ARMED FORCES? 17 INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) merm † removal 66300 July 18 CAUSE OF DEATH (Enter only one cause per line for (o) (b) and (c) PART I. DEATH WAS CAUSED BY Preumania. Brenchio. IMMEDIATE CAUSE (a) cremation, DUE TO Cardio Vascular Disease 400 rs. Conditions, Lony, which gove (b) rise to immediate couse (a), DJE TO 0 stoting the underlying couse Gere: Generalized Arterio Scherosis lost burial, WAS AUTOPSY PERFORMED? PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X or its designated agent, prior to 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) 3 should PRIMARY Or CONTRIBUTING should AL EXAMINER: CAUSE OF DEATH 20e PLACE OF INJURY (Home form 20c T ME OF NJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (Stote) factory, street, office bldg , etc.) moy be retained for your FUNERAL DIRECTOR: Page of work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspect an X Inquiry 🔼 and in my apinian death resulted fram the funeral d rector Natural causes X, Accident ... Suicide Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE 22. DATE SIGNED ASSISTANT MED CAL EXAMINER TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Beaith (Address (Street, city, town, or county) NAME (Type) BUR AL, CREMAT ON, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 0 REMOVAL (Specify) FUNERAL DIRECTOR 250 REC D. BY REGISTRAR 25b REG STRAR'S SIGNATURE VR ATSME (5) 6M 1/66

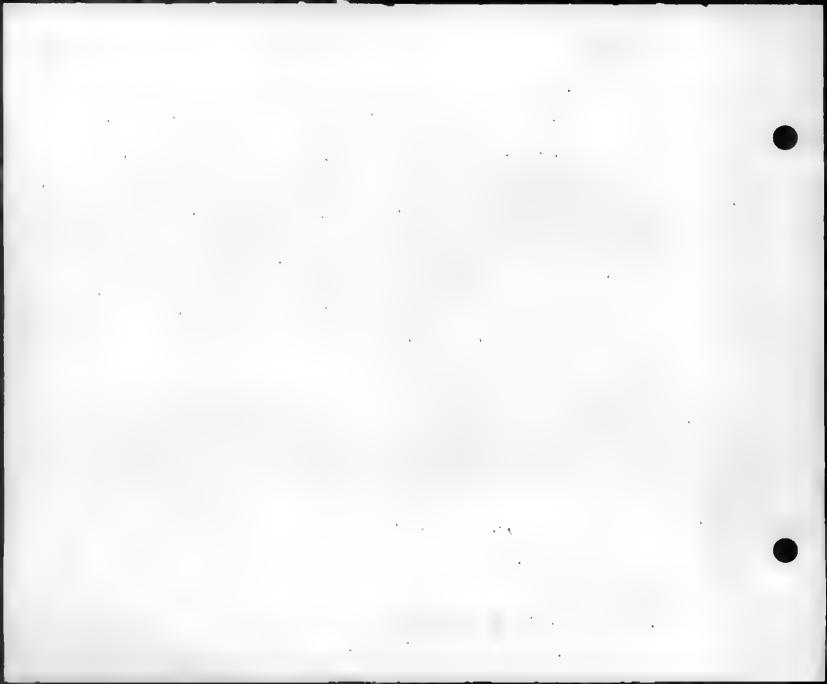


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending Tyskia and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02583
CERTIFICATE OF DEATH

1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)							
a. COUNTY	B. STAPE D. COUNTY /							
MARYLAND MARYLAND	mal.							
b. CITY OR 10wN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Jelan Maria Luck	5.0.4							
d. NAME OF HOSPITAL OF HISTITUTION (ignot in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE							
11.10 41	DN A FARM?							
Atola Proso Haspital	1991 Broke well Ed YES NO							
3. NAME OF First Middle	Last 4. DATE Month Day Year							
(Type or print)	7 445 DEATH 9 13- 1966							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF RIRTH 19. AGE (ID years I PUNDER 1 YEAR HE UNDER 24 HRS.							
1 MARKIES WITH MARKIES	last birthday) Months Days Hours Min.							
WIDOWED DIVORCED	3/2/// 84 yrs.							
1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
HOUSEWIFE	MARY KAND USA							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Ohill FOGTEN	(A) 1 - K-11							
PHILLIA EAGYEN	XAROXINE / GELL							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. (Yes, mo, or unknown) (If yes give war or dates of service)	INFORMANT Address 807/ 607							
(10) to get give you of all too y	LARRIE BORNES DE VINO							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN							
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH							
IMMEDIATE CAUSE (a) Pulmonty	Edema - 9 house							
17 July DUE TO A								
Conditions If any which I	ates xant Diserce (1, Know)							
gave rise to immediate								
cause (a), stating the DUE TO								
underlying cause last. (c)								
PARTII. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RED 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?							
A	YES MD M							
E 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury in Part I or Part II of Item 18.)							
DR CONTRIBUTING CAUSE OF DEATH	Witten friith united at infail, in Laif and Laif the Laif							
101	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)							
Hour a.m. While Not while	ry, street, office bldg., etc.)							
21. I certify that (I) (this hospital attended the deceased from	1963, to Feb 5, 1966, that (1) (we) last							
saw the deceased alive on 19 5 4 19 6 4 and tha	t death occurred at 1:2M, from the causes and on the date stated above.							
22a. SIGNATURE	22b. DATE SIGNED							
Lemostrain M.	ATTENDING MED. STAFF DIRECTOR PHYS.							
22c. PHYSICIAN'S	1 22d. ADDRESS							
NAME (Type)	ONE TOPASO							
232. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	OR CREMATORY 23d, LOCATION (City, town or county) (State)							
	IER BEXTSVILLE MARVEDIND							
24. FUNERAL DIDECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTNAR'S SIGNATURE							
W. E CARRY NIGHT TO	PAFFB 9 1956 1956							
I I I C. ATUUMY) CA I TO SK IN AN A	DATE USO							

VR A15 (4) 20M 1/65



in 24 hours after

02522

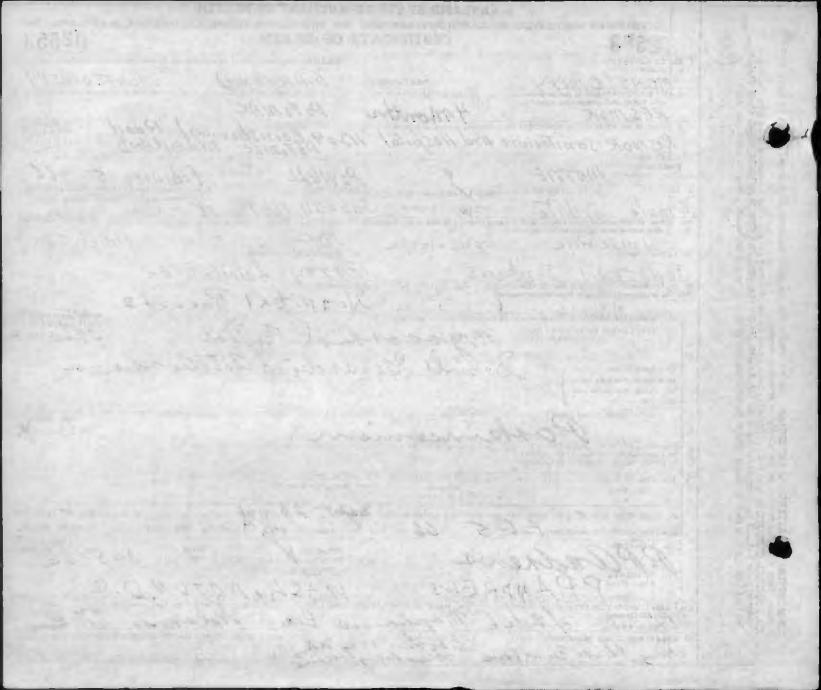
can and completely filled in by the funeral over Carbon papers. Pages I and 2 should event, within 72 hours after death. TO HOSPITAL SATIZNDING PHYSICIAN: The law requires that the death certificate be executed death. Page 4 has be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please refloor gabon papers, be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any exert, within 72 hc

VR A15 (4) 15M 7-62

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH ()2553

1. PLACE OF DEATH a. COUNTY	
e. COOKI 1	. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission)
A DAIT CONFER MARYLAND	a. STATE MIRY LHAD b. COUNTY MONTCOMERY
b. CITY OR TOWN (If outside corporate timits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
write RURAL and give nearest town)	POTOMAC 15-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS / O. IS RESIDENCE
5 Jun 1 1	12 . 9 P. DIDIS BOXOUPA COUY ON A FARM?
Kesmor Sanitarium and Hospital VI	POTOMUC MARYLAND YES NO
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Year OF
(Type or print) /1/17 TT/E	POWELL DEATH FEBRUARY 5 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. D.	ATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
Formale Killing WIDOWED DIVORCED JU	17 424 1887 78 yrs. Months Days Hours Min.
	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
dona during most of working life, even if retired)	N.C Brose (UN
13. FATHER'S NAME 140USO WIFE 14	I. MOTHER'S MAIDEN NAME
T T . L	Pare In COSTED
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INF	ORMANT Address
(Yes, no, or unkown) (Hyasgivawarordatesofservice)	1 1 1 1
	103 PITAL RECORD
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) MAY BE CAUSE	l'al Paivable 24 hauss
DUE TO O	1 1 2 1 2
Conditions, if any, which \ b \ amill Anill Alm	profes of altehorderini
gave rise to immediate cause	a rough
gave rise to immediate cause (a), stating the underlying DUE TO	
gava rise to immadiata cause (a), stating the underlying cause last. DUE TO (c)	DELIATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY
gava rise to immadiata cause (a), stating the underlying cause last. DUE TO (c)	PERFORMEDZ
gava rise to immadiata cause (a), stating the underlying cause last. (c)	PERFORMED?
gava rise to immadiata cause (a), stating the underlying cause last. (c)	PERFORMEDZ
gave rise to immediate cause (a), stating the underlying cause last. Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R 208. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT R OR CONTRIBUTING CAUSE OF DEATH CONTRIBUTING COURED. (E) IIF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
gave rise to immediate cause (a), stating the underlying cause last. Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R 208. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT R OR CONTRIBUTING CAUSE OF DEATH CONTRIBUTING COURED. (E) IIF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES - NO STATE OF INJURY (Home, farm, 20f. (City or town) (County) (Sleta)
gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R 20b. ACCIDENT WAS UNDERLYING [1] 20b. DESCRIBE HOW INJURY OCCURED. (E) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	PERFORMED? YES NO No Note that the nature of injury in Pert I or Pert II of item 18.)
gava rise to immadiate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (E. OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer While Not While factory, p.m., 19 19 19 19 19 19 19 19	PERFORMED? YES NO No Pert II of item 18.) OF INJURY (Home, farm. 20f. (City or town) (County) (Steta)
gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R 20s. ACCIDENT WAS UNDERLYING CAUSE OF DEATH UNDERLYING CAUS	OF INJURY (Home, farm. 20f. (City or town) (County) (Steta) 19 6 10
gave rise to immediate cause (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (E) OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (a) work all work al	OF INJURY (Home, farm, street, office bldg., etc.) 20f. (City or town) (County) (Steta) 19
gave rise to immediate cause (a), stating the underlying cause lass. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R 200. ACCIDENT WAS UNDERLYING CONDITIONS CONTRIBUTING TO DEATH BUT NOT R 200. ACCIDENT WAS UNDERLYING CONTRIBUTING COURED. (E. OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH UP LITTLE WHO IF INJURY Month, Day, Yeer Hour a.m. 200. TIME OF INJURY Month, Day, Yeer While Not While at work 19	OF INJURY (Home, farm. 20f. (City or town) (County) (Sleta) OF INJURY (Home, farm. 20f. (City or town) (County) (Sleta) Attending 1 MED. STAFF 22b. DATE SIGNED
gava rise to immediate cause (a), stating the underlying DUE TO cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (E. OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20o. PLACE While Not While fectory, all work at work at work 21. I certify that (f) (this hospital) attended the deceased from saw the deceased alive on	PERFORMED? YES NO NO NOTE NOTE NOTE NOTE NOTE NOTE NOT
gava rise to immediate cause (a), stating the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (E) OR CONTRIBUTING CAUSE OF DEATH Ulf ETHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED (actory, p.m., 19 al work al work al work al work saw the deceased alive on	OF INJURY (Home, farm. 20f. (City or town) (County) (Sleta) OF INJURY (Home, farm. 20f. (City or town) (County) (Sleta) Attending 1 MED. STAFF 22b. DATE SIGNED
gave rise to immediate cause (a), stating the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R 208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (E) OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer While Not While al work el work el work 21. I certify that (f) (this hospital) attended the deceased from saw the deceased alive on 19 / 10 / 10 / 10 / 10 / 10 / 10 / 10 /	OF INJURY (Home, farm, 20f. (City or town) (County) (Stela) OF INJURY (Home, farm, 20f. (City or town) (County) (Stela) Attention of injury in Pert I or Pert II of item 18.) OF INJURY (Home, farm, 20f. (City or town) (County) (Stela) Attention of injury in Pert I or Pert II of item 18.) Attention of injury in Pert I or Pert II of item 18.) Attention of injury in Pert I or Pert II of item 18.) Attention of injury in Pert I or Pert II of item 18.) Attention of injury in Pert I or Pert II of item 18.) Attention of injury in Pert I or Pert II of item 18.) Attention of injury in Pert I or Pert II of item 18.) Attention of injury in Pert I or Pert II of item 18.)
gave rise to immediate cause (a), stating the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R 20s. ACCIDENT WAS UNDERLYING 20s. DESCRIBE HOW INJURY OCCURED. (E) OR CONTRIBUTING 21 CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer While Not While N	OF INJURY (Home, farm, 20f. (City or town) (County) (Stela) OF INJURY (Home, farm, 20f. (City or town) (County) (Stela) Attention of injury in Pert I or Pert II of item 18.) OF INJURY (Home, farm, 20f. (City or town) (County) (Stela) Attention of injury in Pert I or Pert II of item 18.) Attention of injury in Pert I or Pert II of item 18.) Attention of injury in Pert I or Pert II of item 18.) Attention of injury in Pert I or Pert II of item 18.) Attention of injury in Pert I or Pert II of item 18.) Attention of injury in Pert I or Pert II of item 18.) Attention of injury in Pert I or Pert II of item 18.) Attention of injury in Pert I or Pert II of item 18.)
gave rise to immediate cause (a), stating the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R 20b. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (E) OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH HOUR a.m. Hour a.m. 19 While Not While St work St	OF INJURY (Home, farm, 20f. (City or town) (County) (Stela) OF INJURY (Home, farm, 20f. (City or town) (County) (Stela) Attention of injury in Pert I or Pert II of item 18.) OF INJURY (Home, farm, 20f. (City or town) (County) (Stela) Attention of injury in Pert I or Pert II of item 18.) Attention of injury in Pert I or Pert II of item 18.) Attention of injury in Pert I or Pert II of item 18.) Attention of injury in Pert I or Pert II of item 18.) Attention of injury in Pert I or Pert II of item 18.) Attention of injury in Pert I or Pert II of item 18.) Attention of injury in Pert I or Pert II of item 18.) Attention of injury in Pert I or Pert II of item 18.)
gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R 208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (E) OR CONTRIBUTING 204 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Day, Yeer While Not While at work 19 mile work 1	OF INJURY (Home, farm, 20f. (City or town) (County) (Stela) OF INJURY (Home, farm, 20f. (City or town) (County) (Stela) Attention of injury in Pert I or Pert II of item 18.) OF INJURY (Home, farm, 20f. (City or town) (County) (Stela) Attention of injury in Pert I or Pert II of item 18.) Attention of injury in Pert I or Pert II of item 18.) Attention of injury in Pert I or Pert II of item 18.) Attention of injury in Pert I or Pert II of item 18.) Attention of injury in Pert I or Pert II of item 18.) Attention of injury in Pert I or Pert II of item 18.) Attention of injury in Pert I or Pert II of item 18.) Attention of injury in Pert I or Pert II of item 18.)
gave rise to immediate cause (a), stating the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R 20b. ACCIDENT WAS UNDERLYING (C) 20b. ACCIDENT WAS UNDERLYING (C) OR CONTRIBUTING (C) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer (While Not While In work (C) (E) While Not While (E) 21. I certify that (If (this hospital) attended the deceased from the saw the deceased alive on (C) 22a. SIGNATURE 22a. SIGNATURE 22a. BURIAL, CREMATION, 23b. DATE THEREOV (C) REMOVAL (Specify) 23c. NAME OF CEMETERY OR (C) REMOVAL (Specify)	OF INJURY (Home, farm, 20f. (City or town) (County) (Steta) OF INJURY (Home, farm, 20f. (City or town) (County) (Steta) At the course of injury in Pert I or Pert II of item 18.] OF INJURY (Home, farm, 20f. (City or town) (County) (Steta) At the course of injury in Pert I or Pert II of item 18.] At the course of injury in Pert I or Pert II of item 18.] At the course of injury in Pert I or Pert II of item 18.] At the course of injury in Pert I or Pert II of item 18.] At the course of injury in Pert I or Pert II of item 18.] At the course of injury in Pert I or Pert II of item 18.] At the course of injury in Pert I or Pert II of item 18.] At the course of injury in Pert I or Pert II of item 18.] At the course of injury in Pert I or Pert II of item 18.] At the course of injury in Pert I or Pert II of item 18.] At the course of injury in Pert I or Pert II of item 18.] At the course of injury in Pert I or Pert II of item 18.] At the course of injury in Pert I or Pert II of item 18.]



To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely in a. The by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers., Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any order, within 72 hours after death. urs after death. TO HOSPITAL ON ACTENDING PHYSICIAN: The law requires that the death certificate be executed within Pagm 4 may he retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	A9523	CERTIFICATI	UF DEATH		1600A		
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where de	ceased lived, If Institution: R	esidence before admission)		
	a. county noulgomer	MARYLAND	a. STATE and	b. COUNTY	roulgone		
	b. CITY OR TOWN (if outside corperate limits,	CLENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rporate limits, write RURAL	and give nearest town)/		
1	write RURAL and give nearest town)	10 ms	Berne	Cle In	15-1		
7	d. NAME OF HOSPITAL OR INSTITUTION (If not in hi	10 100	d. STREET ADDRESS	The cold	e. IS RESIDENCE		
					ON A FARM? YES NO P		
3.	NAME OF First	(Middle	Last 4. DATE	Month	Day Year		
	(Type or print)	margan	MACLO DEAT	Hyel	9 1966		
5.	SEX 6. COLOR OR RACE 7 MARRIED	NEVER MARRJED 1	B. DATE OF BIRTH				
-	7 him widowed	DIVORCED	Oct 10, 1874	last birthday) Months	Days Hours Min.		
	. USUAL OCCUPATION (Give Rind of work done 10b, K	IND OF BUSINESS OR	11. BIRTHPLACE (County & State	e, or foreign country) 12. Cl	TIZEN OF WHAT		
dur	- 11	NDUSTRY	the Link C	hu d	DUNTRYT		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1. 1001	7.0.77		
1	An-			1+	unar S		
1	demes flence	/	martha	Address	MV		
	i. WAS DECEASED EVER IN U.S./ARMED FORCES? 16. es, no, or unkown) (If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	Adoress			
	18. CAUSE OF DEATH [Enter only one cause per l				INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY: C	oronary Thro	mbosis		3 min		
	1/0 01	24. 2. 2. 2.	1. 1.4		,		
	Conditions if any which i	itral Regurg	citation & Myoc	arditis	6 ys		
	gave rise to immediate						
	cause (a), stating the DUE TO	also Obstruc	tive Jaundice	from Hepati	tis 1 yr		
Z	underlying cause last. (c)	ITING TO DEATH SHT NOT DELA	TED TO THE TERMINAL DISEASE CO.	NOTTION CIVEN IN PART 1(a)	L19. WAS AUTOPSY		
CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIB	TIME TO DENTA BUT NOT KEEN	HED TO THE TERMINAL DISEASE OF	ADTITUM COURT IN COURT 2(0)	PERFORMED?		
은					YES NO X		
E	20a. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in	Part I or Part II of Item 18	-)		
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL		facto	CE OF INJURY (Home, farm, 20f. ry, street, office bldg., etc.)	(City or town) (Cou	unty) (State)		
10	Hour a.m. While at worl	- NOT WATER	1) at local and a lag a stary				
2	21. 1 certify that (I) (this hospital) attended the deceased from Oct-15-19, 19 to Feb 1 1966, that (I) (we) last						
		19 65 and that	death occurred at - 20M, A				
	22a, SIGNATURE	20 2 1 ello tital	Todati obodinos della de	22b. D	ATE SIGNED		
	Jan 1 Jan	when M.D	ATTENDING MED.	STAFF PHYS. Feb	-10-66		
	22c. PHYSICIAN'S	W.L	22d. ADDRESS	1110.			
	NAME (Type) M BAXTER MD		Frederick.M	d. 21701			
238	a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d	QCATION (City, town or co	unty) (State)		
238	REMOVAL ISBURY) 2/13/66	-		ickerson, M	ā.		
-04		ADDRESS	pel.,		'S SIGNATURE		
24	R R	ockville, Md		col .	0 5		
	Valey A survelle	110	• DATEEB 14	1968 Janane	es Judges		

VR A15 (4) 15M 4-64

J. P. EMITTH HID.